

THE HAPPY PET a veterinary wellness concierge service.

INTAKE FORM

OWNER'S INFORMATION

LAST NAME _____

FIRST NAME _____

ADDITIONAL OWNER(SPOUSE/PARTNER) _____

EMAIL _____

STREET _____

APT.# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____ OTHER _____

HOW WOULD YOU PREFER TO BE CONTACTED: (CIRCLE ONE) BY EMAIL BY PHONE

PET INFORMATION:

NAME _____ DOG or CAT (circle one)

BREED _____ MALE FEMALE Neutered YES or NO

AGE _____ BIRTHDATE _____

COLOR _____

PET HEALTH INFORMATION

1) PREFERRED PHARMACY

ADDRESS _____

PHONE NUMBER _____

2) PREVIOUS (or concurrent)

VETERINARIAN _____

ADDRESS _____

PHONE NUMBER _____

3) ANY KNOW MEDICAL CONDITIONS OR ALLERGIES?

4) WHAT BRAND & TYPE OF DIET IS YOUR PET EATING? _____

5) DO YOU HAVE PET INSURANCE? _____

IF YES, WHAT COMPANY & POLICY #: _____

6) DOES YOUR PET HAVE A MICROCHIP? YES or NO MICROCHIP # _____

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PET INFORMATION CONTINUED:

7) IS YOUR PET ON HEARTWORM PREVENTION? _____

WHAT BRAND _____ **When Given:** _____

8) IS YOUR PET ON FLEA CONTROL? _____

BRAND _____

9) HAS YOUR CAT BEEN TESTED FOR FELV/FIV ? Yes or No result _____

10) HOW OFTEN DO YOU BRUSH YOUR PET'S TEETH? And with what?

WHY DID YOU CHOOSE THIS VETERINARY SERVICE?

Was this by REFERRAL?

NAME _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. AS WELL AS ANY PET LISTED ON "ADDITIONAL PET PAGES"

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL.

AN ESTIMATE WILL BE PROVIDED UPON REQUEST.

I ALSO UNDERSTAND THAT ALL PROCEDURES AND BOARDING ARE PRE-PAID.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED OR BEFORE IN SOME

CASES. Also I am aware there is a 48 hour cancellation policy and cancellations made inside of that window will be charged at the veterinarians discretion

SIGNATURE _____

PRINTED NAME _____

DATE _____

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ADDITIONAL PET PAGES

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NAME _____ DOG or CAT (circle one)

BREED _____ MALE FEMALE Neutered YES or NO

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1) PREVIOUS (or concurrent) VETERINARIAN _____

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PHONE NUMBER _____

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