



DUE TO THE COVID-19 CRISIS, WE ARE NOT ALLOWING CLIENTS IN THE HOSPITAL. PLEASE CALL US WHEN YOU ARRIVE AND REMAIN IN THE IMMEDIATE AREA DURING YOUR PET'S APPOINTMENT

Patient Intake Form

Please fill out and email this form prior to your appointment to: info@bellvethospital.com

CLIENT NAME: _____ PATIENT NAME: _____

Best cell # to reach you at: _____ Email address: _____

Address: _____

Name of Previous Hospital (for new clients only): _____

Phone: _____ to save time, please have your previous veterinarian send your pet's records to info@bellvethospital.com.

Please share your observations of your pet's condition below

HISTORY:

Your pet's current problem(s)

Duration and frequency of problem (s)

Problem: same better worse

Has a similar problem happened in the past?

Appetite: same increased decreased

Diet: type/ frequency/ schedule/ treats

Medications & supplements

Do you need a refill of this medication today?

YES NO

Travel History - last 5 years:

Canines: access to dog parks, hiking, camping, etc?

Felines: access to outdoors or other outdoor cats?

Indoor Only Outdoor Exposure

COMMENTS:

HISTORY:

YES

NO

COMMENTS:

Coughing

Sneezing

Weight loss

Increased drinking/urination

Vomiting

Diarrhea

Microchip

Parasite Control

What brand/type/frequency? _____

Do you need a refill of this prescription today?

NO Yes, 6 months refill Yes, 12 months refill

If your pet is due for vaccines today, would you like us to: Proceed with updating vaccines Discuss with the veterinarian first

AUTHORIZATIONS

Please call me with an estimate before any diagnostics or treatments are performed.

I do not need an estimate and authorize all recommended diagnostics and treatments.