



## Patient Intake Form

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