

Patient Check-in Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
CLIENT verification of information:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

PET verification of information:  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B/Age: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Brief reason for visit: \_\_\_\_\_

What symptoms is the patient exhibiting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of symptoms: \_\_\_\_\_

Is your pet eating? Yes/No If NO, when did this begin? \_\_\_\_\_  
Is your pet drinking? Yes/No If NO, when did this begin? \_\_\_\_\_  
What diet/amount is your pet currently on? \_\_\_\_\_

Is your pet on Heartworm Prevention? Yes/No If Yes, what product are they on? \_\_\_\_\_  
Is your pet on flea and tick prevention? Yes/No If Yes, what product are they on? \_\_\_\_\_

Is your pet up to date on their vaccinations? Yes/No [If NO, please circle which vaccines your pet needs today.]  
Canine (Dog): DHPP/DHLPP RABIES BORDETELLA / (Kennel  
Cough) INFLUENZA RATTLESNAKE  
Feline (Cat): FVRCP FELUK #1 WITH TEST FELUK BOOSTER RABIES

Does your pet need a refill on prescription medication (including flea/tick, heartworm prevention, monthly medications, etc.)  
RX: \_\_\_\_\_  
RX: \_\_\_\_\_

Is your pet currently on medications or being treated with meds by another clinic?  
RX: \_\_\_\_\_  
RX: \_\_\_\_\_

Is there any additional information that we need to know regarding your visit today? (Pet behavior, special requests, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Services (please circle YES or NO):  
If needed for diagnostics or requested by you, can we perform bloodwork on your pet? YES / NO  
If needed for diagnostics or requested by you, can we perform radiographs on your pet? YES / NO  
If needed for diagnostics or requested by you, can we perform radiographs on your pet? YES / NO  
  
Does your pet need a nail trim today for \$10.00? YES / NO  
Does your pet need their anal glands expressed today for \$12.00? YES / NO

For ear infection / issues patients today:

If needed, can we clean and treat your pets ears? (You may need to follow up in 2 weeks)

YES / NO

If needed, can we sedate your pet for safety of them and staff? (pricing based on weight)

YES / NO

For Pre-Pregnancy visits:

Does your pet need a progesterone test today?

YES / NO

Are you wanting to have AI services performed today?

YES / NO

Is the male to breed with here today?

YES / NO

Has he been collected before?

YES / NO

For Pregnancy Visits:

What are all of the breeding dates (Month/Day): \_\_\_\_\_

If the patient is over 45+ days pregnant, would you like an X-ray?

YES / NO

Are you needing to schedule a C-Section?

YES / NO

Are you on a strict budget today? Please let us know before the appointment so that we can keep a budget in mind.

YES / NO    \$ \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_