

20 Lakes Veterinary Care Patient Update/Intake Form

Disclaimer: ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE. We accept cash, Mastercard, Visa, Discover, Check and CareCredit. Thank you for your interest in being a patient of 20 Lakes Veterinary Care. Information collected about new patients is confidential and will be treated accordingly.

CLIENT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

How did you hear about us? _____

PET INFORMATION

Pet Name: _____ How long have you owned the pet: _____

Species: _____ Breed: _____

Color: _____ Age: _____

Gender: Male Female Unknown

Neutered/Spayed: Yes No Unknown

Exposure to outdoors (Cats only): Indoor only Outdoor Exposure

Describe the pet's travel history (Last year):

MEDICAL INFORMATION

Name of **previous hospital**: _____ **Phone**: _____

List any known **vaccinations**: _____

List any current **allergies**: _____

List any current **medications**: _____

- Do you need a refill of any medications: Yes No

List any current **symptoms**:

- Are the symptoms: Improving Worsening Stable
- When did you first notice the symptoms: _____

Describe the pet's **current diet**: _____

- Has the appetite: Increased Decreased Unchanged

Do you want to be **notified with an estimate** before any diagnostics or treatments are performed? Yes No

SIGNATURE

Signature: _____ Date: _____

Print Name: _____