



Patient Intake Form

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

CLIENT NAME: _____ PATIENT NAME: _____

Best cell # to reach you at: _____ Secondary # to reach you at: _____

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

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

Please ensure that you are available at one of these numbers during your pet's appointment

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

HISTORY:

YES

NO

Coughing

Sneezing

Weight loss

Increased drinking/urination

Vomiting

Diarrhea

Microchip

Parasite Control

COMMENTS:

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.