

## Client Intake Form

Welcome to our practice! Please assist us by completing this form.

### OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Significant other: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR CHECK WRITING PURPOSES:

Driver's license #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_

### REFERRAL INFORMATION

How did you hear about our practice? (Check One)  
Telephone Directory: \_\_\_\_\_ Our Sign: \_\_\_\_\_ Internet Website \_\_\_\_\_  
Friend (If so, whom?): \_\_\_\_\_  
Regular Veterinary practice: \_\_\_\_\_ Practice/Vet's name: \_\_\_\_\_

### PET INFORMATION

Pet's name: \_\_\_\_\_  
Species: (feline, canine, avian, small mammal/reptile): \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex (Check one): Castrated Male: \_\_\_\_\_ Male: \_\_\_\_\_ Unknown: \_\_\_\_\_  
Spayed Female: \_\_\_\_\_ Female \_\_\_\_\_  
Color: \_\_\_\_\_ Markings: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tattoo/ID Chip # \_\_\_\_\_

### IS YOUR PET EASILY APPROACHED AND HANDLED BY STRANGERS?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If No, please explain: \_\_\_\_\_

### WHICH FACILITY ARE YOU ATTENDING?

Dedham: \_\_\_\_\_ Buzzards Bay: \_\_\_\_\_

*\*Please note: Exotic pets are treated in Dedham only.*