



### New Patient Intake Form

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS	Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog
Breed:	Approximate Age:	Color:

#### Medical History:

When/where was this pet acquired?	
Who was their previous veterinarian?	
When/where were they last vaccinated?	
Are they currently on a heartworm preventative? <input type="checkbox"/> YES - My pet takes: _____ <input type="checkbox"/> NO	
Are they currently on a flea/tick preventative? <input type="checkbox"/> YES - My pet takes: _____ <input type="checkbox"/> NO	
Any other medications or supplements? <i>Please List</i>	
Any known allergies?	
Any known medical conditions?	
What kind of food do they eat?	How much/how often?
Is there anything else we should know about your pet's medical history?	

#### Behavioral History:

Does your pet experience fear/anxiety at the vet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have they ever been prescribed a pre-visit anxiety medication? <input type="checkbox"/> YES - My pet has been prescribed _____ for anxiety at the vet <input type="checkbox"/> NO - My pet does fine at the vet <input type="checkbox"/> NO - But I am interested in talking to the veterinarian about it	
Does your pet display aggression toward any of the following: <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Children <input type="checkbox"/> Other - Please list: _____	
Is there anything else we should know about your pet's behavioral history?	

As the owner of the above named pet, I hereby consent and authorize River City Veterinary Hospital to prescribe, treat or operate on this pet. I give RCVH permission to obtain my pet's medical history from other animal hospitals, and to also give my pet's medical history to other veterinary professionals when necessary. I accept financial responsibility for this pet, and understand that all fees are due at the time of service.

Owner Printed Name:	
Owner Signature:	Date: