



Jarrettsville Veterinary Center Client/Patient Intake Form

PLEASE PRINT OR TYPE

Please check: New Client Existing Client Is this a: Sick/injured visit Annual Exam/Vaccines

A. Client Information

FULL NAME: _____ DATE OF VISIT: _____

ADDRESS: _____
NUMBER & STREET CITY STATE ZIP

BEST PHONE CONTACT NUMBER: _____ ALTERNATE PHONE NUMBER: _____

PRIMARY E-MAIL ADDRESS: _____

CO-OWNER OF PET/NAME OF AUTHORIZED AGENT: _____

CONTACT INFO FOR CO-OWNER/AUTHORIZED AGENT: _____
PHONE # E-MAIL ADDRESS (IF APPLICABLE)

PREFERRED METHOD OF CONTACT: Phone call Text Message E-mail

B. General Patient Information

PET'S NAME: _____

SPECIES (check one): Dog Cat Other (please specify): _____

BREED: _____ COLOR(S): _____

SEX: Male Female SPAYED/NEUTERED: Yes No

DATE OF BIRTH (or approximate age if DOB unknown:) _____

MAY WE SHARE YOUR PET'S PHOTOS/STORY ON OUR SOCIAL MEDIA, BLOG & WEBSITE FOR EDUCATIONAL PURPOSES?
Yes No

C. Previous Veterinarian (if not applicable skip to section D)

NAME OF VETERINARY PRACTICE: _____

CITY & STATE: _____

PHONE NUMBER: _____ MAY WE REQUEST YOUR PET'S RECORDS? Yes No

D. General Patient Health Information

WHAT DO YOU CURRENTLY FEED YOUR PET? (Name/type of food – ex: Purina One dry kibble mixed w/ canned Purina SmartBlend)

IS YOUR PET CURRENTLY ON FLEA/TICK/HEARTWORM PREVENTION? Yes No
If yes, please circle the preventatives your pet is on: Interceptor Credelio Revolution Parastar Other

D. General Patient Health Information – continued

DO YOU ADD ANY SUPPLEMENTS TO YOUR PET'S DIET? (Fish oil, Pet Tabs, probiotics, CBD oil, etc.) Yes No

Please list the names of any supplements given to your pet: _____

DOES YOUR PET SPEND MOST OF HIS/HER TIME: Indoors Outdoors

ARE THERE ANY BEHAVIORAL ISSUES YOU WOULD LIKE TO DISCUSS TODAY? Yes No

PLEASE LIST ANY BEHAVIORAL PROBLEMS (voiding outside litter box; excessive barking; biting or aggression towards other people/pets; socialization problems, etc.)

DOES YOUR PET HAVE ANY ALLERGIES? Yes No If yes, please describe below:

DOES YOUR PET CURRENTLY HAVE ANY KNOWN CHRONIC CONDITIONS OR ABNORMALITIES? Yes No

If so, please list here: (Hip dysplasia, cancer, diabetes, hyperthyroidism, Cushing's Disease, etc.)

IS YOUR PET MICROCHIPPED? Yes No If no, would you like to have your pet microchipped today (\$25)? Yes No

PLEASE LIST ANY MEDICATIONS YOUR PET IS CURRENTLY TAKING: _____

E. Illness/Injury Information (skip to section F if your pet is here for an annual wellness exam/vaccines & has no symptoms)

BRIEFLY LIST OR DESCRIBE YOUR PET'S CURRENT SYMPTOMS: (ex: vomiting, diarrhea, appetite changes, unexplained weight loss, itching, coughing, limping/lameness, lumps or bumps, etc.)

APPROXIMATELY WHEN DID THE SYMPTOMS BEGIN? _____

[CHECK HERE TO CERTIFY THAT YOU ARE THE OWNER/AUTHORIZED AGENT FOR THIS PET AND HAVE AUTHORIZATION TO CONSENT TO TREATMENT](#)

F. Financial Information

DO YOU HAVE ANY FINANCIAL CONCERNS THAT YOU'D LIKE TO DISCUSS TODAY? Yes No

If YES, would you like to receive an estimate for the cost of treatment? Yes No

WOULD YOU LIKE INFORMATION ABOUT JVC'S AVAILABLE PAYMENT OPTIONS? Yes No

ARE YOU INTERESTED IN SETTING UP A PET SAVINGS ACCOUNT? Yes No

WOULD YOU LIKE TO MAKE A DONATION TO JVC'S **Good Samaritan Fund** by adding to your invoice today:

\$1 \$5 \$10 Other Amount \$ _____

[Feel free to discuss your financial concerns or ask questions about our payment options anytime! We're here to help.](#)