

Ayers Animal Hospital Patient Intake Form
(Please PRINT and fill out all sections to the best of your ability)

Pet Name: _____
Owner's Name: _____
Pet Age: _____ Birthday: _____
Sex (circle): Male Female / Neutered Spayed
Address: _____

Phone (Home): _____
Phone (Cell): _____
Phone (Business): _____
Phone (Other): _____

Patient Record ID (Hospital Use Only) : _____

1.) Is the above information correct? Please denote any changes in the following area provided:

2.) What brings you in today?

3.) Are you interested in information about making your pet's visit less stressful? _____

4.) Please circle any additional symptoms your pet is having from the following list:

- | | | | | |
|----------|------------|--------------|---------------|------------|
| Vomiting | Limping | Not Drinking | Hiding | Bad Breath |
| Diarrhea | Itching | Wound | Drainage | Confusion |
| Lethargy | Scratching | Swelling | Weight Loss | Other |
| Sneezing | Hair Loss | Odor | Inappropriate | |
| Coughing | Not Eating | Pain | Urination | |

5.) When did you first notice these symptoms? Please describe them, if "other".

6.) Is your pet current on vaccines? If not here, please indicate where your pet received vaccinations.

7.) Does your pet go outside or have any contact with the outdoors? _____

8.) Do you have other pets in the household, or does your pet have contact with any other animals? _____

a. How many and what kind? _____

9.) Is your pet on flea and tick prevention? _____ (If "yes", when was the last dose given? _____)

a. What is the brand of flea/tick preventative and where did you purchase it?

10.) Is your pet on heartworm prevention? _____ (If "yes", when was the least dose given? _____)

a. What is the brand of heartworm preventative and where did you purchase it?

11.) What brand/type of pet food do you feed <Animal>? _____

a. Does <Animal> seem to do well on this diet? _____

b. Have you recently changed diets? _____

12.) Has your pet's activity level changed? If "yes", how so? _____

13.) For intact/unspayed female pets, when was your pet's last heat cycle? _____

14.) Has there been any increase or decrease in your pet's water consumption or urination? _____

15.) Do you have pet insurance? If "no", are you interested in learning about pet insurance? _____

16.) Are there any other products or services we can provide for you this visit?

Thank You!
-The Ayers Animal Hospital Team