



state of the heart medical arts

Client Intake Form

Name:
Secondary Name:
Address:
City : State: Zip:
Phone(s): Home: _____ Cell: _____ Work: _____
Email:
Emergency Contact:
Other Family in the Household:
Patient
Name:
Species: Breed:
DOB or Age: Sex: Neutered/Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Color: Microchip #:
Known Allergies:
Special Instructions:
Will you be submitting an insurance claim today?
**If yes, who is your insurance provider?

Is your pet currently being seen by any other veterinarians? YES NO

**If yes: Veterinarians/Hospital's Name: _____

Who will be your pet's Primary Care Clinic? _____

** I acknowledge that all the above information is correct and up to date. _____ (Initials)

** I hereby authorize the release of vaccine and fecal records to groomers, boarding facilities, public health officials, law enforcement agents and animal control. YES NO _____ (Initials)

To keep costs to a minimum, all fees are due at the time services are provided. A deposit may be required on all pets that must undergo a nonelective surgery or be hospitalized for laboratory tests or treatments. We will gladly accept cash, personal checks, Visa, Mastercard, Discover and Care Credit.

THANK YOU!