



# Westside Veterinary C E N T E R

## Appointment Intake Sheet

Date: \_\_\_\_\_ Date & Time of Appointment: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

**PLEASE REMEMBER TO BRING YOUR CELL PHONE WITH YOU AND MAKE SURE IT IS FULLY CHARGED SO WE CAN REACH YOU AT ALL TIMES THROUGHOUT THE APPOINTMENT**

Phone Number to reach you during appointment: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

\_\_\_\_\_

Coughing? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Sneezing? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Vomiting? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Diarrhea? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Drinking Normally? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

Urinating Normally? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

How's the appetite? \_\_\_\_\_

Diet: \_\_\_\_\_

Do you travel outside of NYC? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

What medications is your pet on? \_\_\_\_\_

What heartworm & flea/tick prevention is your pet on? \_\_\_\_\_

**Do you need a refill of any medication, if so which?** \_\_\_\_\_

Please list any additional concerns that are not addressed above: \_\_\_\_\_

\_\_\_\_\_

Credit card number for today's visit (**please include c.c. number, expiration & zip code**):

\_\_\_\_\_

Do you want us to store this on file? Yes \_\_\_ No \_\_\_

**\*For New Clients Only:** Origin of patient (Rescue, Breeder, Pet store) \_\_\_\_\_

Thank you for entrusting your pets care to Westside Veterinary Center