

ALWAYS HELPFUL VETERINARY SERVICES  
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## CLIENT/PATIENT INTAKE FORM

Please help us keep our records accurate and up to date by filling out the following form and emailing it back or bring to your next appointment. *Thank You!*

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Please print.

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Current age or Birth Date:** \_\_\_\_\_

**Species:**      **Equine**      **Canine**      **Feline**      **Other** \_\_\_\_\_

**Diet:** please list foods, treats, amounts, schedule, sensitivities, changes since last visit \_\_\_\_\_

**Supplements:** \_\_\_\_\_

**Current Medications:** Including Remedies: dosages, strengths, and how often?

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

When was last Panacur worming? \_\_\_\_\_

How much exercise does you animal get, how often? \_\_\_\_\_

How much time does your animal spend in a crate, car, or stall? \_\_\_\_\_

*>Please see the other side!*

