

ALWAYS HELPFUL VETERINARY SERVICES
305 Nottingham Road
Nottingham, PA 19362
717-529-0526 fax 717-529-0776
www.alwayshelpfulveterinaryservices.com

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: _____

Emergency Contact

Name: _____ **Phone:** _____

Patient Name: _____ **Current age or Birth Date:** _____

Species: Equine Canine Feline Other _____

What is the reason for your visit today? _____

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 the last Panacur worming? _____

When was the heartworm test? _____

Is your pet currently on heartworm medication? Yes No

If yes, what brand, dosage, and frequency? _____

>Please complete the other side!

