

Louisburg Veterinary Clinic

Allison Schnoke, DVM

919-496-2638

INTAKE FORM

Patient Name: _____ Patient's Age: _____

Owner's Name: _____

Procedure/Evaluation your pet is having done today: _____

Is your pet's procedure/evaluation an emergency? **Circle One** YES NO

Please describe the symptoms you have noticed in your pet. (i.e. lethargy, panting, increased thirst): _____

Please note when these symptoms started: _____

Please ***Initial*** any and all treatment /procedures the veterinarian and staff are allowed to perform:

- | | |
|---------------------------------------|--|
| _____ Blood work | _____ Heartworm Test/FIV/FelV Test |
| _____ Radiographs (X-Rays)/Ultrasound | _____ Fecal Test |
| _____ Sedation | _____ IV Catheter/Fluid Administration |
| _____ Hospitalization | _____ CPR/Emergency Treatment |
| _____ Urinalysis | _____ Vaccinations |

What medication(s) is you pet on? (I.E. Heartworm medication, flea and tick medication, thyroid medication, seizure medication)

If so when was the last dose administered to your pet?

Does your pet have any known allergies or medical conditions?

If your pet has evidence of fleas and/or ticks, administration of a flea and/or tick medication will be applied while at Louisburg Veterinary Clinic.

ALL SERVICES PROVIDED BY LOUISBURG VETERINARY CLINIC ARE EXPECTED TO BE PAID IN FULL AT TIME OF DISCHARGE

Owner/Agent Signature: _____ Date: _____

Phone number where you can be reached today: _____