



For Official Use Only: Chief Complaint

Date: _____ Time: _____

New Client Intake Form

Client Name: _____ **Spouse/Authorized Party:** _____

Date of Birth (This is required by law for all controlled substance reporting. If you wish to show it to a staff member rather than write it, please notify the employee at checking in. Thank you): _____

Address: _____ **City:** _____

APT/unit: _____ **State:** _____ **Zip Code:** _____

Primary phone #: _____ **Secondary phone #:** _____

Cellphone #: _____ **Email:** _____

Emergency contact (name/phone #) if different from above: _____

Are you allergic Latex or other commonly used hospital products? (Pick one) NO Yes, if yes please list your allergy: _____

Pet Information

Patient Name: _____ **Age:** _____ **Gender** (Pick one): Male, Female, Neutered or Spayed

Species (Pick one): Cat, Dog, Other: _____

Previous Health History: _____

Patient Allergies (food/environmental): _____

Current Specialty Diet (if applicable): _____

Medications (please list all current medications in the chart below by mg and how often it is given)

Medication List	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

All information is for confidential use by Healing Hearts Emergency Animal Hospital only. This information will not be sold or reused. Thank you, Healing Hearts Emergency Animal Hospital Management.



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Medical Records Release Form

_____ the undersigned do hereby grant my permission
(Owner name)
or the release of any or all medical documentation contained in the medical records from _____ to
(Date)
_____ of my pet _____ to my to the following veterinary practice
(Date) (Pet's name)
_____, and _____.
(Hospital Name) (Email/Fax number)

Owner Name (Print) Owner's Signature Date

Photo/Video Social Media Release Form

We enjoy sharing photos and videos of our patients and their families on social media and occasionally on print materials, advertising, and signage for the hospital. However, we will never do so without your consent.

Please select all that apply: (Required)

- Healing Hearts Emergency Animal Hospital may take photos and/or videos of my pets
- Healing Hearts Emergency Animal Hospital may take photos and/or videos of me

By selecting one or both above, you grant Healing Hearts Emergency Animal Hospital, its representatives, and employees the right to take photographs and/or videos of me and/or my pet, and to copyright, use, and publish the same in print and/or electronically.

You also agree that Healing Hearts Emergency Animal Hospital may use such photographs and/or videos of me and/or my pet with or without my name and for any lawful purpose, including, for example publicity, illustration, advertising, and web content.

If you prefer not to have you or your pet photographed or recorded on video, please select one or both options below: (Required)

- Healing Hearts Emergency Animal Hospital may NOT take photos and/or videos of my pets
- Healing Hearts Emergency Animal Hospital may NOT take photos and/or videos of me.

Pet Name Date

Client Name Client Signature