



Chief Complaint: _____

Date: _____ Time: _____

New Client Intake Form

Owner's Name: _____ Spouse/Authorized Party: _____

Owner's Date of Birth _____ Email: _____

Address: _____ City: _____

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

Primary phone #: _____ Secondary phone #: _____

Primary Care Veterinary Information

Primary Care Veterinary Hospital (name): _____ Hospital phone number: _____

Address: _____
Street City Zip code

By providing the above information you agree to the release of my pet's medical history to the above veterinary hospital

Pet Information

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

Species (Pick one): Cat, Dog, Other: _____ Pet Breed: _____ Pet color/description: _____

Previous Health History: _____ Patient Allergies (food/environmental): _____

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

How did you hear about us?

Please check all that apply:

Primary care veterinarian Google Yelp Facebook Instagram

South County Magazine Goldie Palooza South County Pet Expo Channel 6

Other: _____



Chief Complaint:

Date: _____ Time: _____

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. By signing below, you grant Healing Hearts Emergency Animal Hospital, its representatives, and employees the right to take photographs and/or videos of you and/or your 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 you and/or your pet with or without my name and for any lawful purpose, including, for example publicity, illustration, advertising, and web content.

- Healing Hearts Emergency Animal Hospital has my permission to take photos and/or videos of my pets.
- Healing Hearts Emergency Animal Hospital has my permission to take photos and/or videos of me.
- I DECLINE permission to take photos and/or videos of my pets or of me.

Pet Name

Date

Client Name

Client Signature

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.