

Leatherstocking Veterinary Group New Client Intake Form



**LEATHERSTOCKING
VETERINARY GROUP**

All Client Names: _____

Address : _____

City/State/Zip: _____ Email address: _____

Phone: (Home): _____ Work _____ Cell _____

Please list all pets in your household

<u>Pet Name</u>	<u>Breed</u>	<u>Age/DOB</u>	<u>Gender</u>	<u>Color</u>	<u>Weight</u>

May we use your pet's photo/story on our social media page?

Signature: _____ Date: _____

Where did you acquire your pet? _____ How long ago? _____

What kind of food does your pet eat? _____ Canned/Dry/Both

How much do you feed and how often? _____

Do you feed treats? Yes/No What kind? _____ Table Food? Yes/No

Has your animal ever been vaccinated in the past? Yes/No

If yes, where? _____

Are you currently using any flea/tick preventative? Yes/No

What Kind? _____

Is your pet on any heartworm preventative? Yes/No

What kind? _____