

HPN NEW CLIENT INTAKE FORM

Welcome to Healthier Pets Naturally, where our goal is to create an activated healing potential for your pets, to enjoy enhanced pet wellness and caretaker-pet bonds. In preparation for your visit, please complete the following form.

PET CARETAKER INFORMATION

Date: _____

Name _____
LAST FIRST MIDDLE

Spouse or Partner _____

Address _____ City _____ State _____ Zip _____

Phone: HOME (____) _____ WORK (____) _____ CELL(____) _____

Employer _____ Address _____

Spouse or Partner's Work Phone(____) _____ CELL (____) _____

County _____

Preferred method to communicate for reminders: Text message _____
E-mail _____

E-MAIL ADDRESS _____
(We Will Keep Your E-mail Confidential)

Copy of Driver's License/number _____

FEES ARE DUE WHEN SERVICES ARE RENDERED

How were you referred to us?

- | | |
|--|--|
| <input type="checkbox"/> Google search | <input type="checkbox"/> Facebook / Instagram/ Twitter |
| <input type="checkbox"/> Pet Store _____ | <input type="checkbox"/> Yelp |
| <input type="checkbox"/> Sign/Neighborhood | <input type="checkbox"/> Website: www.hpvet.com |
| <input type="checkbox"/> Other Vet _____
(Name) | <input type="checkbox"/> HPN Client _____
(Name) |
| <input type="checkbox"/> Other _____ | |

I grant permission and accept financial responsibility for treatment of my pet brought in by myself or another individual and acknowledge that fees are due and payable in full when services are rendered.

Signature _____

PLEASE COMPLETE THE BACK OF THE FORM

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Monthly Heartworm Prevention			
Flea Products Used			
Hours Spent Outside Each Day			
Note accordingly below: Vaccinations/ Titters/Opt out	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Lepto/Parvo)			
Bordetella (Kennel Cough)			
Other Vaccines - Please Specify			
Rabies			
CATS:			
FVRCP			
FELV (Feline Leukemia)			
Rabies			