



Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

## Small Animal Intake

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: Male Female Neutered

### VETERINARIAN INFORMATION

Doctor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Email: \_\_\_\_\_

### SUBJECTIVE INFORMATION

\_\_\_\_ New Patient/Initial Visit    \_\_\_\_ Follow up Visit    \_\_\_\_ Established New Condition

\_\_\_\_ Back Pain

\_\_\_\_ Dragging

\_\_\_\_ No Stairs

\_\_\_\_ Tail Pain

\_\_\_\_ Weak Bladder/Bowel

\_\_\_\_ No Lifting/Wagging

\_\_\_\_ Neck Pain

\_\_\_\_ Not Eating

\_\_\_\_ Abnormal Behavior

\_\_\_\_ Leg Pain

\_\_\_\_ Not Jumping

\_\_\_\_ Other

\_\_\_\_ Stiff

\_\_\_\_ Walks Sideways

\_\_\_\_ Limping

\_\_\_\_ Yelps when picked up

What is the timeframe of the patient's injury? If known, please list below:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

What triggered the injury:

\_\_\_\_ Unknown

\_\_\_\_ Groomer

\_\_\_\_ Dog Fight

\_\_\_\_ Hard Play

\_\_\_\_ Past Surgery

\_\_\_\_ Agility

\_\_\_\_ Fell Down Stairs

\_\_\_\_ History of Trauma/Abuse

\_\_\_\_ Other

\_\_\_\_ Woke up with it

\_\_\_\_ Hit by a car

Please list any history of surgeries (leave blank if none or unknown)

\_\_\_\_\_

Please list any history of medications or supplements (leave blank if none or unknown)

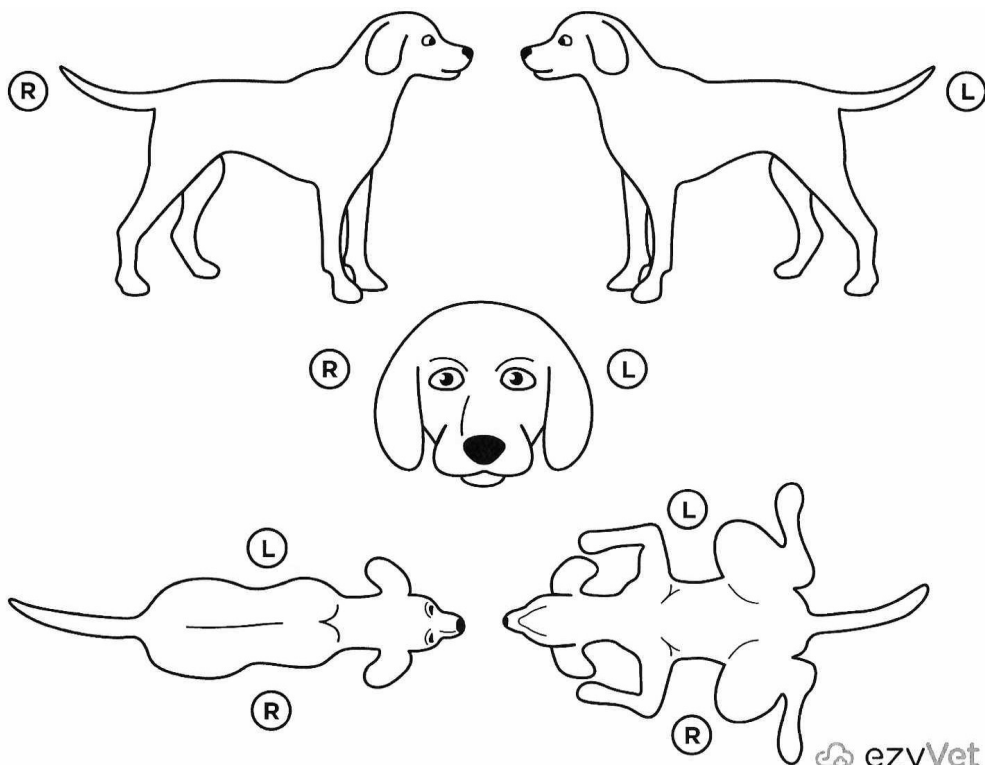
\_\_\_\_\_

X-rays taken: \_\_\_\_\_ If yes what area(s) and when \_\_\_\_\_

Activity level of pet: \_\_\_\_\_ None/Inactive \_\_\_\_\_ Moderate \_\_\_\_\_ Highly Active  
List any regular activities \_\_\_\_\_

Has your pet previously had any of the following care:  
\_\_\_\_\_ Chiropractic \_\_\_\_\_ Massage Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Acupuncture  
Anything else we should know? \_\_\_\_\_

Please mark where your pet's problem area is located on the diagram below.



\_\_\_ I certify that the above medical information is correct to the best of my knowledge.

\_\_\_ I authorize Livewell 7 to collect my pet's personal and medical information as documented above. In addition, I authorize the clinic to communicate with my veterinarian and/or referring doctor as deemed necessary for my pet's beneficial treatment.

\_\_\_ Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the doctor's day that could have been filled by another patient. As such we require a 24 hour notice for any cancellations or changes to your appointment. Patients who provide less than a 24 hour notice, or miss their appointment, will be charged a cancellation fee.

\_\_\_\_\_  
Pet Owner Name

\_\_\_\_\_  
Pet Owner's Signature

Date: \_\_\_/\_\_\_/\_\_\_