Patient Intake Form

Confidential · Please complete before your appointment

Date of Visit | Appt. Time | Visit Type

Owner Information

Owner Full Name | Preferred Name

Phone (Primary) | Phone (Secondary / Emergency) | Email Address

Home Address (Street, Apt) | Borough / Neighborhood

Patient (Pet) Information

Pet's Name | Species | Breed

Age | Date of Birth | Weight (lbs) | Sex | Color / Markings

Spayed / Neutered? ☐ Yes ☐ No

Microchipped? ☐ Yes ☐ No

Chip # (if known)

Rescue / Shelter? ☐ Yes ☐ No

Medical History

Primary Veterinarian / Regular Vet Clinic | Last Vet Visit (approx.)

Current Medications (name · dose · frequency — or "none")

Known Allergies (medications, foods, environmental — or "none")

Past Medical / Surgical History

Diet / Food Brand | Feeding Frequency

Vaccinations Up To Date? ☐ Yes ☐ No ☐ Unsure

Heartworm / Flea / Tick Prevention? ☐ Yes ☐ No ☐ Unsure

■ Reason for Visit / Chief Complaint

Primary concern or reason for today's visit:

How long has this been going on?

Has this happened before?

☐ Yes ☐ No ☐ Unsure

Symptoms observed — check all that apply:

- ☐ Vomiting
- ☐ Diarrhea
- ☐ Lethargy
- ☐ Not Eating
- ☐ Limping / Lameness
- ☐ Coughing
- ☐ Sneezing
- ☐ Eye Discharge
- ☐ Nasal Discharge
- ☐ Scratching / Itching
- ☐ Hair Loss
- ☐ Swelling / Lump
- ☐ Straining to Urinate
- ☐ Blood in Urine/Stool
- ☐ Seizure / Collapse
- ☐ Breathing Difficulty
- ☐ Weight Loss
- ☐ Increased Thirst
- ☐ Head Shaking / Ear
- ☐ Eye Squinting

Additional notes about symptoms:

Environment:

☐ Indoor ☐ Outdoor ☐ Both

Other pets in household?

✍■ Consent & Liability

■■ Scope of Services — Please Read

Xavier's Veterinary Care is operated by a licensed veterinary technician (LVT), not a DVM. Services include wellness assessments, preventive care education, specimen collection, and mobile vet tech support. We do not diagnose, prescribe, or perform surgery. When a DVM is indicated, we will refer you. Signing confirms you understand this scope.

- ☐ I consent to examination and general wellness care for my pet.
- ☐ I consent to photos / video during the visit for educational or marketing purposes.
- ☐ I consent to follow-up communication (text / email) regarding my pet's care.
- ☐ I authorize release of my pet's records to other veterinary providers if requested.
- ☐ In an emergency, I authorize referral to the nearest emergency veterinary clinic.
- ☐ I understand Xavier's Veterinary Care is a mobile LVT service and accept the scope above.

Emergency Contact Name

Relationship

Phone

How did you hear about us?

Payment Method

Owner / Guardian Signature

Date

By signing you confirm the information above is accurate to the best of your knowledge.

Not a substitute for a licensed veterinarian (DVM) · Xavier's Veterinary Care — professional LVT services ·