



PATIENT INTAKE FORM

All pets are unique, and we at BarkMeowNow would like to get to know your pet as best as we can! Please answer each question to the best of your ability.

Patient Name:

Species:

Age: ☐ MALE ☐ FEMALE Spayed / Neutered?

Weight (if known) : Microchip # :

How long have you been together?

How did you get them?

Do they have any housemates?

What type of food do they normally eat?

How much & often do they normally eat?

(Cats) Do they go outdoors? If so, how often?

Are they calm and comfortable when by themselves?

How would you rate their typical energy level? ☐ LOW ☐ MEDIUM ☐ HIGH

Is their energy level different right now? If yes, how so?

Please mark any that could describe their typical temperament:

☐ Friendly ☐ Calm ☐ Gentle ☐ Timid ☐ Scared ☐ Nervous ☐ Hyper

Do they have any known fears or reactivity triggers? Please describe:



What are some of their favorite activities / places / items?

When was the last time they saw a veterinarian?

Previous Veterinary Hospital:

Do they have any chronic health issues or diagnoses?

Please list any medications / supplements / preventatives, even if over the counter, that they are currently taking:

Do they have a history of any negative reactions to medications, vaccines, insects, etc.?

Are there any concerns that we would like to pay special attention to today?

Are these concerns new, or have they been occurring for an extended period of time? If so, how long has this been happening for? And how often?