



Pet Intake Form

253-857-4045
14315 62nd Ave NW
Gig Harbor, WA 98332
purdyvethospital.com

Date

Client Name

Pet's Name

Contact Phone #1

Contact Phone #2

E-mail

Dr. Preference

We will do our best to give you your choice, however, scheduling does not always allow this.

Please answer the following questions:

What are your pet's symptoms? Please give details, the more information we have, the better we can determine our treatment.

Vomiting

Yes No

What?

Frequency?

Blood?

Diarrhea

Yes No

Dark or Tar Colored?

Frequency?

Blood?

Loss of Appetite

Yes No

Duration?

Thirst

Excessive
None

Duration?

Coughing

Yes No

Duration?

Sneezing

Yes No

Duration?

Fever Duration?

Yes No

Limping Duration?

Yes No

Which Leg

Lethargic Duration?

Yes No

Has your pet been injured recently? When?

Yes No

When was the last time your pet ate? **Drank water?**

Has he/she had anything different in their diet?

Is your pet on any medications at this time?

Yes No

Medication Dose Time given

Medication Dose Time given

Medication Dose Time given

To better diagnose your pet's illness, the doctor may need to do bloodwork, x-rays, and/or sedation. Please okay the following if needed:

Bloodwork X-Rays Sedation

I understand that all charges incurred today will need to be paid in full at time of pickup.

Authorized Signature
