



EAST LEBANON ANIMAL CLINIC

429 E Cumberland St, Lebanon, PA 17042

PATIENT INTAKE FORM

Completion of this form ~ mandatory ~ along with copies of your pet's medical records & your ID.

ABOUT YOU:

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1): _____ Phone Number 2): _____

ADDITIONAL INFORMATION:

Reason for Visit: _____

Which hospitals has your pet visited previously? _____

If you brought records with you today, please list them here: _____

ABOUT YOUR PET:

Pet's Name: _____

Date of Birth: _____

Species (Cat/Dog): _____ Breed: _____

Color: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____



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COVID-19

Please verify the following:

- You have NOT tested positive for COVID-19 Yes_____ No_____
- You are NOT showing any symptoms of COVID-19 Yes_____ No_____
- You have not Pennsylvania within the past 14 days Yes_____ No_____
- If you have left Pennsylvania within the past 14 days, you either quarantined for 14 days or tested negative Yes_____ No_____
- You have not come in contact with anyone that has been diagnosed with COVID-19 Yes_____ No_____
- At the time of your visit, you are NOT ill or showing symptoms of COVID-19 Yes_____ No_____

You are in agreement that you will practice social distancing by maintaining at least 6 feet and wear a mask at all times. You are also in agreement for us to check your temperature at the time of your visit, which will be documented below.

Print name: _____

Pet's name: _____

Date of visit: _____

Temperature: _____

Signature: _____