



# EAST LEBANON ANIMAL CLINIC

429 E Cumberland St, Lebanon, PA 17042

717-272-2453

[www.eastlebanonanimalclinic.com](http://www.eastlebanonanimalclinic.com)

## PATIENT INTAKE FORM

**MANDATORY COMPLETION ~ Patient Intake Form + Pet Medical Record copies + ID**

### ABOUT YOU:

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### ABOUT YOUR PET:

Pet's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Species (Cat/Dog): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_

Food/Treats: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

### ADDITIONAL INFORMATION:

Reason for Visit: \_\_\_\_\_

Prior Veterinary Care Facilities: \_\_\_\_\_

Prior Veterinary Care / Surgeries: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

Prior Reaction to Vaccines or Medications: \_\_\_\_\_

Temperament / Special Requirements / Other: \_\_\_\_\_