



PATIENT INTAKE FORM

Peavineanimalhospital.com - p: 775-800-1294

1440 North Hills Blvd. Reno, NV 89506

Please fill out and email form to: info@peavineanimalhospital.com or bring it to your scheduled appointment

PATIENT INFORMATION

Pet Name: _____ Canine / Feline: _____

Breed: _____

Colors/Markings: _____

D.O.B. / Approx Age: _____ How long have you owned? _____

Please check:

Male / Female Altered? Yes No

If Intact Female, Last Known Heat Cycle: _____

Please check the following **single** most accurate information in **each** box

<i>Temperament:</i>	<i>Lifestyle:</i>	<i>Exposure:</i>
Gentle/Submissive	Sedentary / Stays Home	Minor: Pretty much no exposure and At Home Only
Playful/Energetic	Low Activity / Leash Walks	Moderate: Leash Walks and/or Around Friend and Family Pet's
Anxious/Shy	Moderate Activity / Some Running and Playing	High: Dog Parks
Independent/Neutral	High Activity / Daily Running and Playing	Very High: Dog Parks, Camping, Traveling
Assertive/Aggressive		

MEDICAL INFORMATION AND PATIENT HISTORY

Please list previous veterinarian(s) (please write N/A if not applicable):

Please contact their previous vet and have records sent to us at info@peavineanimalhospital.com

Please list any known allergies:

Please notate the last date given of each vaccine below, if done outside our hospital.

Dogs: 4in1 DAPP _____ Rabies _____ Bordetella _____

Lepto _____ Lyme _____ Other _____

Cats: RCCP _____ Rabies _____ FeLV _____ Other _____

Please list any current medications and food (please *include dose and frequency*):

Please list any current health diagnosis:

What is your pet's upcoming appointment for?

Please list any travel history of your pet:

Is your pet experiencing any of the following:

	YES	NO	If yes, list onset and specifics details
Coughing			
Sneezing			
Itching			
Weight Loss			
Weight Gain			
Increased Drinking / Urination			
Vomiting			
Diarrhea			
Decreased Appetite			
Limping			<u>If yes, which leg:</u>
Lumps			<u>If yes: list location(s), time present, & rate of growth:</u>
Other:			

Please list any additional concerns or information we should know if applicable: