NEW CLIENT INTAKE FORM

Arizona - One time Registration Form to keep on file - not for medical triage

2030 W Baseline Rd. #182-4238
Phoenix, AZ 85041
PH: 928-940-4601 Email: Admin@vetelemed.com

1. OWNER INFORMATION (REQUIRED)

Primary Owner Full Name:

_____

Secondary Owner / Authorized Agent (optional):

_____

Home Address:

_____

City: _____ State: _____ ZIP: _____

Primary Phone:_____

Secondary Phone (optional): _____

Email: _____

Preferred Contact Method:
☐ Phone ☐ Text ☐ Email

May we leave detailed voicemails about your pet?
☐ Yes ☐ No

_____

2. PET INFORMATION (REQUIRED)

Pet Name: _____

Species: ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____

Sex: ☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female

Age / DOB: _____

Weight: _____

☐ Estimate ☐ Calculated/weighed on scale

Color / Markings: _____

Microchip # (if known): _____

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3. PRIOR VETERINARY INFORMATION

Primary / Previous Veterinary Clinic:

Veterinarian Name: _____

City/State: _____

Clinic Phone: _____

May we request records if needed?
☐ Yes ☐ No

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4. GENERAL PET HISTORY Snapshot (NON-SITUATIONAL)

(This is NOT a reason-for-visit or symptom sheet — just baseline data)

Please check all that apply:

Known health background:
☐ Allergies
☐ Arthritis / Mobility issues
☐ Skin conditions
☐ Chronic illness (endocrine, GI, cardiac, etc.)

☐ On long-term medications
☐ Behavioral concerns (anxiety, aggression, fear)

If any boxes are checked, please briefly explain:

Current long-term medications or supplements:

Any known history of:

- Difficulty with vet handling?
- Aggression or biting?
- Extreme anxiety?
  (Brief notes)

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5. COMMUNICATION & RECORDS PREFERENCE

How would you like to receive documents and follow-up notes?
☐ Email
☐ Text message (if available)
☐ Both

Backup contact if communication fails:
Name: _____
Phone/Email: _____

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6. AUTHORIZED INDIVIDUALS FOR MEDICAL DECISIONS

(Anyone other than the primary owner who can approve care/payments.)

Name(s):

7. PHOTO/VIDEO PERMISSION (Optional)

I consent to submitting photos or videos of my pet for diagnostic and record purposes.
☐ Yes ☐ No

8. SIGNATURE

I certify that the above information is accurate and that I am the legal owner or authorized agent for the pet listed. I authorize this information to be kept on file for future visits.

Client Name (Print): _____

Signature: _____

Date: ____ / ____ / _____