

## New Patient Intake Form

(Please bring in or fax previous history including vaccines especially rabies)

Pet name: \_\_\_\_\_ Client name: \_\_\_\_\_ / Co-owner: \_\_\_\_\_

Pet's Registered name: \_\_\_\_\_

AKC Reg. Number: \_\_\_\_\_ Microchip#: \_\_\_\_\_

DNA completed Y/N: \_\_\_\_\_ Date of last Brucellosis screening: \_\_\_\_\_ Test  
run:RSAT/Culture/AGID/PCR

Name of Owner/Stud dog/Bitch to be bred to: \_\_\_\_\_

Day this heat cycle began \_\_\_\_\_

Artificial Insemination being performed at our clinic? Y/N

Plan to use: Natural/ Fresh AI/ Fresh Chilled AI/ Vaginal/ TCI/ Surgical

Date of last heat cycle: \_\_\_\_\_

### Reason for Visit:

Pet's overall health

Health screening performed: Y/N \_\_\_\_\_

OFA/PENN HIP HISTORY

Eye Registry CERF HISTORY

OTHER SCREENING

Breeding Counseling

**Appetite (& DIET & SUPPLEMENTS):** \_\_\_\_\_

**Any abnormal:** Thirst, Urination, Stool production, Attitude, Weight (BCS), Cardiovascular (normal/  
panting/ coughing/ sneezing/ nasal discharge/ ocular discharge)

PREVIOUS ILLNESS: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

MEDS \_\_\_\_\_

PREVIOUS BLOODWORK/FECAL: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

Brucella \_\_\_\_\_ / Progesterone \_\_\_\_\_ / Thyroid \_\_\_\_\_

Culture \_\_\_\_\_ / Other \_\_\_\_\_

CURRENT MEDICATIONS: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

DEWORMING/PARASITE PREVENTION HISTORY: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

VACCINATION HISTORY: \_\_\_\_\_ / RABIES due on \_\_\_\_\_

TRAVEL HISTORY:

BEHAVIORAL CHANGES:

Other pets in household? Y/N/SEX \_\_\_\_\_ Health status of others in household \_\_\_\_\_

### PREVIOUS BREEDING HISTORY: IF APPLICABLE

FEMALE: First breeding/ Previously bred on \_\_\_\_\_ / route \_\_\_\_\_

Outcome \_\_\_\_\_

Timing: None/Male/Vag cyt/Progesterone \_\_\_\_\_

Evaluated on palpation/ultrasound/x-ray : day \_\_\_\_\_

Male: First/Last breeding dates/ \_\_\_\_\_ / route \_\_\_\_\_  
Outcome \_\_\_\_\_ Semen Analysis date/results \_\_\_\_\_