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 _______________
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 ________________