

Paige Farnell, DVM

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**New Patient Intake Form**

**Client Information**

Name:

Address:

Phone:

Email:

**Patient Information**

Name:

Breed:

Color:

Gender: \_\_\_Male intact \_\_\_male neutered \_\_\_female intact \_\_\_female spayed

Age/Birthdate:

Weight:

Where/when acquired:

Insurance:

Visit date:

Reason for visit:

Current diet:

Current medications:

Current Supplements:

Current flea/tick/heartworm preventatives:

**Health History**

Has your pet had any of the following:

Vomiting Y/N

Diarrhea Y/N

Coughing Y/N

Sneezing Y/N

Increased thirst or urinations Y/N

Appetite – normal, increased, decreased

Mobility – normal, decreased

Pain Scale \_\_\_/10

Itch Scale \_\_\_/10

Temperament – Please tell us a bit about your pet’s temperament, treat preferences, fears, triggers (some dogs fear stethoscopes, otoscopes etc. We do not wear white coats as many pets fear those.) If you can have some of your pet’s favorite treats available for the visit that would be helpful, and if we can meet when he/she is a little hungry all the better. We want to make this as positive an experience as possible.

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**Treatment goals**

As our mission statement says, our goal is to meet you and your pet where you are in the health care journey and to provide you with education and options that meet your personal philosophy and goals for this stage of your pet’s life and going forward. Please briefly share with us a bit about your wishes for your pet’s care. For example, are you looking for advanced testing and treatments and want to explore all options possible for your pet, or are you seeking primarily comfort care and wish more to maximize the quality of life without invasive testing and treatments. Of course, we will discuss this more in person at our visits, but this gives us a chance to focus that conversation.

**Consent to Treat**

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby consent and authorize Dr. Paige Farnell and Marin Mobile Vet and/or staff to perform the following procedures, treatments or diagnostics:

The nature of the procedures, treatments or diagnostics and their costs have been explained to me and I understand the risks and expected outcomes from them.

Further, I understand that Marin Mobile Vet is not an emergency service and that if emergency services are needed, I will need to contact and proceed to the nearest emergency services, which may be my regular brick and mortar veterinarian or **Pet Emergency and Specialty Center of Marin** at 901 Francisco Blvd E, San Rafael, **(415) 456-7372**

Signed:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_