

**Animal Intake Form**

OWNERS/ GUARDIAN'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VETINARIAN: \_\_\_\_\_ TEL. #: \_\_\_\_\_

**PLEASE LIST YOUR PET'S MAIN HEALTH CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CIRCLE "C" IF YOUR PET HAS ANY OF THE FOLLOWING CURRENT SYMPTOMS, OR "P" FOR IN THE PAST:**

Growth Delay.....C / P	Hyperactivity..... C / P	Lack of energy..... C / P
Sleep problems.....C / P	Nervousness.....C / P	Convulsions..... C / P
Breathing problems. .C / P	Ear infections.... C / P	Eczema/rash..... C / P
Digestive upsets..... C / P	Constipation..... C / P	Diarrhea..... C / P
Visual disturbances... C / P	Teeth problems.. C / P	Parasites..... C / P
Excess chewing.....C / P	Clinging.....C / P	

**PLEASE LIST ANY MAJOR INJURIES YOUR PET HAS HAD:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ANY HOSPITALIZATIONS OR OPERATIONS YOUR PET HAS HAD:**

\_\_\_\_\_  
\_\_\_\_\_

**VACCINATIONS**

**APPROXIMATE DATE**

Rabies \_\_\_\_\_

Heart Worms \_\_\_\_\_

Other \_\_\_\_\_

**OWNER/ GUARDIAN DECLARATION AND CONSENT:**

I, \_\_\_\_\_, pet owner/ guardian (please circle) of \_\_\_\_\_ (pet's name) hereby consent to treatment of the above named pet by Salvatore Messina HD. I understand and acknowledge that I have the option of seeking/continuing medical treatments or services for the above named pet if I choose to do so.

Notification of any cancellation of appointments is required 24 hours in advance; otherwise full fee of missed appointment applies.

I agree to pay each fee in full at the end of each visit.

OWNER/ Guardians

Signature: \_\_\_\_\_

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

[www.thehomeopathicdoctor.com](http://www.thehomeopathicdoctor.com)

Tel: 416-910-1555