

Kierland Animal Clinic

Rescue Intake Form

Rescue Name:	
Rescue Contact:	
Foster Contact:	

Patient Information

Name	
Age	
Sex/Breed/Color	

Reason for visit?

If Sick exam is needed, please answer the following:

Description of symptoms:

Duration/day of onset:

Location:

Appetite:

Activity Level:

Other history or concerns:

Any Current Medications?

Requested Services

Dog	Cat
Spay: Neuter:	Spay: Neuter:
E-Collar to go home: Yes <input type="checkbox"/> or No	E-Collar to go home: Yes <input type="checkbox"/> or No
Meds to go home: Yes <input type="checkbox"/> or No	Meds to go home: Yes <input type="checkbox"/> or No
Dental	Dental
Other surgery: Yes <input type="checkbox"/> or No	Other surgery: Yes <input type="checkbox"/> or No
Please specify:	Please specify:
Rabies	Rabies
DAPP Bordetella	FVRCP FeLV
Fecal Test	Fecal Test
4DX	FeLV/FIV test
Microchip:	Microchip:
Bloodwork: Yes <input type="checkbox"/> or No	Bloodwork: Yes <input type="checkbox"/> or No
Please specify:	Please specify:

Completed by: