



# WILDWOOD VETERINARY CLINIC

## Patient Intake Form

wildwoodvetclinic.com • 503.477.4757  
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**DUE TO THE COVID-19 CRISIS, WE ARE NOT ALLOWING CLIENTS IN THE CLINIC. PLEASE RING THE DOORBELL WHEN YOU ARRIVE TO DROP-OFF YOUR PET AND REMAIN IN THE IMMEDIATE AREA DURING YOUR PET'S APPOINTMENT.**

Please fill out and email this form prior to your appointment to: [hello@wildwoodvetclinic.com](mailto:hello@wildwoodvetclinic.com)

CLIENT NAME: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

Best cell # to reach you at: \_\_\_\_\_ Secondary # to reach you at: \_\_\_\_\_

Name of Previous Hospital (for new clients only): \_\_\_\_\_

Phone: \_\_\_\_\_ to save time, please have your previous veterinarian send your pet's records to [hello@wildwoodvetclinic.com](mailto:hello@wildwoodvetclinic.com).

*Please ensure that you are available at one of these numbers during your pet's appointment*

**Please share your observations of your pet's condition below**

### HISTORY:

### COMMENTS:

Your pet's current problem(s)

Duration and frequency of problem (s)

Problem: ☐ same ☐ better ☐ worse

Has a similar problem happened in the past?

Appetite: ☐ same ☐ increased ☐ decreased

Diet: type/ frequency/ schedule/ treats

Medications & supplements

Do you need a refill of this medication today?

☐ YES ☐ NO

Travel History - last 5 years:

**Canines:** access to dog parks, hiking, camping, etc?

**Felines:** access to outdoors or other outdoor cats?

☐ Indoor Only ☐ Outdoor Exposure

### HISTORY:

#### YES

#### NO

### COMMENTS:

Coughing

☐☐

Sneezing

☐☐

Weight loss

☐☐

Increased drinking/urination

☐☐

Vomiting

☐☐

Diarrhea

☐☐

Microchip

☐☐

Parasite Control

☐☐

What brand/type/frequency? \_\_\_\_\_

Do you need a refill of this prescription today?

☐ NO ☐ Yes, 6 months refill ☐ Yes, 12 months refill

If your pet is due for vaccines today, would you like us to: ☐ Proceed with updating vaccines ☐ Discuss with the veterinarian first

**THIRD-PARTY PRESCRIPTION POLICY:** We are no longer approving prescription request for third-party pharmacies like Chewy or PetMeds. If your pet needs a medication refill, please request one during your appointment or order through our online pharmacy.

### AUTHORIZATIONS

☐ Please call me with an estimate before any diagnostics or treatments are performed.

☐ I do not need an estimate and authorize all recommended diagnostics and treatments.

### PAYMENTS

☐ I prefer to pay over the phone ☐ I prefer to pay at the door with a staff member