

## NEW CLIENT INTAKE FORM

### Owner Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

May we use photos and descriptions of your pets on our website and social media? Y N

### Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Supervising Veterinarian \_\_\_\_\_

*Every client must have a completed Supervising Veterinarian Form on file before care can begin.*

Reason(s) for seeking care \_\_\_\_\_

1.

\_\_\_\_\_

\_\_\_\_\_

How long has the current condition(s) been present? \_\_\_\_\_

Were there any physical injuries? \_\_\_\_\_

Date of last rabies vaccine \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Supervising Veterinarian \_\_\_\_\_

*Every client must have a completed Supervising Veterinarian Form on file before care can begin.*

Reason(s) for seeking care \_\_\_\_\_

2.

How long has the current condition(s) been present? \_\_\_\_\_

Were there any physical injuries? \_\_\_\_\_

Date of last rabies vaccine \_\_\_\_\_

*For more than two pets, please request an additional form.*

## Acknowledgement

By signing below, I acknowledge the following:

- Tamarah Wild is not a veterinarian and the services of Tamarah Wild Canine Reiki and Massage are not intended to diagnose or cure any specific disease or condition.
- Offered services are not a replacement for veterinary care.
- I agree to indemnify and hold harmless Tamarah Wild and Tamarah Wild Canine Massage and Reiki from any and all claims related to the life, health, and well-being of the animal(s) listed above.
- I will submit an accurate and up-to-date Supervising Veterinarian Form for every pet I am seeking care for, and notify Tamarah Wild Canine Reiki and Massage of any information changes.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date