



MWV Mobile Veterinary Clinic

PO Box 271 Fryeburg, Maine 04037

207-256-7215 or 207-256-9585

mwwmobilevet@gmail.com

CLIENT INTAKE FORM

Thank you for contacting **MWV Mobile Veterinary Clinic, PLLC** for the care of your animals and we look forward to meeting you! Please provide the following information for our records.

****MANDATORY**** (check each box below to indicate understanding, please contact us directly with questions):

PAYMENT IS DUE AT TIME OF SERVICE: WE ACCEPT CASH, CHECKS, AND MAJOR CREDIT CARDS (once well-established, consideration may be made for PayPal invoicing and scheduled payment arrangement).

Should this be a one-time scheduled or emergency visit for non-client (ie. Vacationing, regular vet not available, emergent vaccination for boarding/travel/health certificates, etc.), there will be a \$25 administrative fee per animal added to initial visit cost for records compilation/forwarding of records/copies/certificates as well as State Veterinary Board compliance/regulations management.

Although we do our very best of our prompt arrival at scheduled times, all appointment dates and/or times are approximate and subject to change due to the unique mobile nature of our business. Please assure we have the best number and method of contact to reach you in case of emergency. It is best to allow a minimum of 15-30 minutes before and after scheduled times for our arrival at the pre-determined location.

Due to the high demand for our veterinary services (both NH and ME) at this time, we are forced to charge a \$50 fee for any no-show or appointment cancellations of less than 24 hours.

****Please email us back this form as soon as possible. If you have questions, you may contact us by email (preferred) or by phone at 207-256-7215 or 207-256-9585. Dr. Brown and staff may be out of cell or Wi-Fi area; therefore, ALL EMERGENCIES should be immediately called to our answering service at: 1-866-310-7477. Otherwise, we will respond by email or call as soon as we are able. Thank you for your understanding!**

CLIENT(S) FIRST AND LAST NAME: _____ DATE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____ SAME

PHONE NUMBER: _____ CELL PHONE NUMBER: _____ TEXT OK? YES NO

EMAIL ADDRESS: _____

NAME OF ANIMAL: _____ ****Please use attached add-on form for multiple animals****

AGE/DATE OF BIRTH: _____ SPECIES: _____ BREED: _____ COLOR(S): _____

LENGTH OF OWNERSHIP: _____ SEX: _____ SPAYED/NEUTERED: YES NO UNKNOWN

PREVIOUS VETERINARIAN/ADDRESS: _____ N/A

PAST MEDICAL/SURGICAL HISTORY: _____ NONE UNKNOWN

CURRENT MEDICATIONS (all forms): _____

FLEA/TICK PREVENTION? YES NO TYPE: _____

HEARTWORM PREVENTION? YES NO TYPE: _____

****ALLERGIES/REACTIONS TO MEDICATIONS IN PAST****: _____ NONE KNOWN

BEHAVIOR ISSUES OR CONCERNS? (This helps us determine if premedication or additional staff required)

Please explain in detail: enter text.

DO YOU PREFER A HOME VISIT? *(Additional cost applied with distance consideration; Minimum \$90):* **YES** **NO**

(No additional cost if meeting at mutually agreed upon location).

SPECIFIC ANIMAL HEALTH CONCERNS AT THIS TIME *(in detail; you may also enter below in text boxes:* _____

****ALL PAST VET RECORDS ARE REQUIRED IN ADVANCE** *(unless emergency).*

PAST VET RECORDS MUST BE REQUESTED *BY YOU* TO PAST VET TO HAVE EMAILED TO: mwvmobilevet@gmail.com

PLEASE CHECK HERE AFTER YOU HAVE REQUESTED RECORDS:

BEST DAYS/TIMES FOR APPOINTMENT SCHEDULING: _____

ADDITIONAL ANIMALS REQUIRE OUR ADD-ON FORM.

PLEASE REQUEST ONE IF NOT RECEIVED.