

**Austintown Veterinary Clinic**  
**229 S. Canfield Niles Rd. Austintown, Ohio 44515**  
**330-793-4621**  
[austintownvc@yourvetdoc.com](mailto:austintownvc@yourvetdoc.com)

### 2026 Client Intake Form

We are excited you have chosen us to care for your pet and we look forward to assisting you! Please help us better meet your needs by taking a few moments to fill out this information sheet.

#### Client Information:

Name: \_\_\_\_\_  
Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Co-Owner's Name: \_\_\_\_\_  
Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

#### Pet Information:

Pet Name	Species/Breed	Color/Markings	Male/Female Spayed/Neutered	Age or Birthday

Does your pet(s) have any allergies? If yes, please list:

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What medications is your pet(s) taking? Please include:

Drug Name & Strength	Dose	Frequency	Last Given	Need Refill?
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Does your pet(s) have insurance? \_\_\_\_\_

*We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.*

Practice Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_ Practice Email: \_\_\_\_\_

How did you hear about us?

☐ ☐ ☐ ☐

Drive by/sign Internet Personal Referral Other

If other, please specify: \_\_\_\_\_

Personal Referral: Is there a client, business or organization we can thank for your referral?

\_\_\_\_\_

I am the owner or agent for the animal described above and I have the authority to execute this consent. \_\_\_\_\_ (initials)

I understand that payment is due, in full at the time services are rendered. \_\_\_\_\_ (initials)

I understand that if I do not show up for a scheduled appointment, I will be required to pay a deposit before scheduling another appointment. \_\_\_\_\_ (initials)

I agree that myself and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that Austintown Veterinary Clinic has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients. \_\_\_\_\_ (initials)

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety. \_\_\_\_\_ (initials)

I agree to inform the staff if my pet has ever been aggressive, bitten anyone or required a muzzle or extra restraint in any past circumstances, veterinary related or otherwise. \_\_\_\_\_ (initials)

I authorize Austintown Veterinary Clinic to share my pet's medical records with facilities when requested by a third party, such as a veterinary clinic, groomer, boarding facility, training, day care, insurance, etc. or with law enforcement, animal control, etc. \_\_\_\_\_ (initials)

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

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

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

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