

The Roving Veterinarian  
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## **Intake Form**

**Name:**

**Address:**

**Phone numbers:**

**Patient name:**

**Breed:**

**Date of Birth:**

**Presenting Complaint(s):**

**Medical History (please list all previous health issues with approx. dates):**

**Vaccination History:**

**Diet:**

**Supplements:**

**Temperament (please describe your dog's personality as accurately as possible):**

**Fears/phobias/anxieties:**

**Sensitivities (noise/strangers/sudden movement, etc.)**

**Temperature preferences or sensitivities:**

**Behavioral changes with health issue:**

**Anything that makes the problem better/worse?**