



We are glad to have the opportunity to care for your pet.  
Please take a few minutes to fill out this form completely.

### Owner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_  OK to post pictures on social media  OK to email reminders, newsletter

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred by  Friend/Relative Who? \_\_\_\_\_  Website  Facebook  Frog Saver  Humane Society/FWACC  Yellow Pages

### Pet Information Additional pets may be added to the back of this form

Name \_\_\_\_\_ Sex  M  F Neutered/Spayed  Y  N

Birth date or age \_\_\_\_\_ Species  Canine  Feline Color \_\_\_\_\_

Breed \_\_\_\_\_ Microchip number \_\_\_\_\_

Reason for visit \_\_\_\_\_

Current medications or special diet \_\_\_\_\_

Prior illness or surgery \_\_\_\_\_ when? \_\_\_\_\_

Vaccination history Canine  DHLPP  Bordetella  Rabies  Flu When? \_\_\_\_\_  
 Rattlesnake  Lyme  Fecal Test  Heartworm/Tick Disease Test

Feline  FVRCP  Leukemia  Rabies When? \_\_\_\_\_  
 Fecal Test  Heartworm Test  Feline Leukemia/FIV Test neg/pos

### Financial Policy

University Animal Hospital requires payment in full for all charges incurred in the care of the animal. A deposit may be required for treatment. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_

Pet Information

Name \_\_\_\_\_ Sex  M  F Neutered/Spayed  Y  N

Birth date or age \_\_\_\_\_ Species  Canine  Feline Color \_\_\_\_\_

Breed \_\_\_\_\_ Microchip number \_\_\_\_\_

Reason for visit \_\_\_\_\_

Current medications or special diet \_\_\_\_\_

Prior illness or surgery \_\_\_\_\_ when? \_\_\_\_\_

Vaccination history Canine  DHLPP  Bordetella  Rabies  Flu When? \_\_\_\_\_

Rattlesnake  Lyme  Fecal Test  Heartworm/Tick Disease Test

Feline  FVRCP  Leukemia  Rabies When? \_\_\_\_\_

Fecal Test  Heartworm Test  Feline Leukemia/FIV Test neg/pos

Pet Information

Name \_\_\_\_\_ Sex  M  F Neutered/Spayed  Y  N

Birth date or age \_\_\_\_\_ Species  Canine  Feline Color \_\_\_\_\_

Breed \_\_\_\_\_ Microchip number \_\_\_\_\_

Reason for visit \_\_\_\_\_

Current medications or special diet \_\_\_\_\_

Prior illness or surgery \_\_\_\_\_ when? \_\_\_\_\_

Vaccination history Canine  DHLPP  Bordetella  Rabies  Flu When? \_\_\_\_\_

Rattlesnake  Lyme  Fecal Test  Heartworm/Tick Disease Test

Feline  FVRCP  Leukemia  Rabies When? \_\_\_\_\_

Fecal Test  Heartworm Test  Feline Leukemia/FIV Test neg/pos

