



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: _____

Address: _____

Apt #: _____ City: _____ Zip Code: _____

Email: _____

OK to post pictures on social media?: Yes No OK to email reminders? Yes No

Cell phone: _____ Alternate Phone: _____

Secondary Owner (If applicable)

First Name: _____ Last Name: _____

Secondary Owner's Phone #: _____

Does anybody in your household have a peanut allergy?: Yes No

*Our facility occasionally uses peanut products

Emergency Contact: _____ Phone #: _____

Referred by: _____

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

Name: _____ Sex: M F Neutered/Spayed: Yes No

Birth date or age: _____ Species: Canine Feline

Breed: _____ Color: _____

Prior illness or surgery: _____

Current medications or special diet: _____

Allergies: _____

Previous Veterinary Care Provider: _____

Microchip number: _____

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 animal(s) on this form, 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: _____

2nd Pet Information

Name: _____ Sex: M F Neutered/Spayed: Yes No
Birth date or age: _____ Species: Canine Feline
Breed: _____ Color: _____
Prior illness or surgery: _____
Current medications or special diet: _____

Allergies: _____
Previous Veterinary Care Provider: _____
Microchip number: _____

3rd Pet Information

Name: _____ Sex: M F Neutered/Spayed: Yes No
Birth date or age: _____ Species: Canine Feline
Breed: _____ Color: _____
Prior illness or surgery: _____
Current medications or special diet: _____

Allergies: _____
Previous Veterinary Care Provider: _____
Microchip number: _____

4th Pet Information

Name: _____ Sex: M F Neutered/Spayed: Yes No
Birth date or age: _____ Species: Canine Feline
Breed: _____ Color: _____
Prior illness or surgery: _____
Current medications or special diet: _____

Allergies: _____
Previous Veterinary Care Provider: _____
Microchip number: _____



**University
Animal
Hospital**

