



Compassionate Care, Our Lifetime Commitment

Client Information

Owner (primary decision maker):

FIRST NAME

LAST NAME

Co-owner (secondary decision maker):

FIRST NAME

LAST NAME

Address:

City:

Zip:

Your birth date: / /
(The law requires a birth date for all controlled drugs dispensed.)

Driver's license: State: Number:

E-mail:

Preferred phone:

Alternate phone:

Alternate phone:

Employer:

Patient Information

Species:

Pet's name:

Sex:

Pet's birth date:

Breed:

Color:

Lifestyle:

Has your pet bit or tried to bite anyone?

Current medications
and supplements:

Allergies:

Other pets in the household:

Pet insurance company:

Previous vet clinic name:

Still a client at the clinic listed above?

How did you hear about us?

If a friend or coworker referred you, please let us know their name so that we can thank them! Name:

We sometimes post photos to our web site, and to Facebook, Instagram, and other social media. May we use your and your pet's image online?

Exceeding your expectations is important to us. What's most important to you in a veterinarian?

All professional fees are due at the time of service. I agree to pay for all the services rendered. I certify that I am the owner or owner's authorized agent, and have the authority to approve diagnostics and treatment for this pet. I hereby authorize the doctor(s) at University Veterinary Hospital to diagnose and treat my pets.

Signature of Owner or Owner's Authorized Agent

Date