



## Welcome to University Animal Hospital

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Are you: College Student \_\_\_\_\_ Military \_\_\_\_\_ Senior Citizen \_\_\_\_\_

**\*\*\*Please show appropriate ID to receptionist so that we can apply your discount\*\*\***

How did you hear about our clinic? \_\_\_\_\_

Were you referred to our clinic? Yes No By Whom (full name) \_\_\_\_\_

**Pet #1** Name: \_\_\_\_\_ Sex: M F Neutered/Spayed? Y N

Birth Date/Age: \_\_\_\_\_ Circle One: Canine Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet #2** Name: \_\_\_\_\_ Sex: M F Neutered/Spayed? Y N

Birth Date/Age: \_\_\_\_\_ Circle One: Canine Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

\*If you are not the owner, but are authorized by the owner to bring this pet for treatment or services, do you accept responsibility for payment in full? Yes or No Name of owner: \_\_\_\_\_

\*\* Do you consent to us using a picture of your pet on our social media pages? Y N

\*\*It is our policy that payment is due at time of service. We are sorry that we are unable to provide billing to our clients. It is also our policy that a deposit may be required for all new clients or hospitalized patients. I the above, authorize any treatment deemed necessary by University Animal Hospital. Please sign that you are aware of this policy.

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