

WELCOME
TO
University Animal Clinic
Where Pets and their People are Important

Owner's Name _____ Spouse / Other _____

Address _____ City/ State/ Zip _____

Home # _____ Cell # for text reminders _____

Spouse/ Other # _____ Driver's License# _____

Employer _____ Work# _____

Email _____ Referred by _____

ER alternate contact name and # _____

PET HEALTH HISTORY

Pet's Name _____ DOB or Age est. _____

Breed _____ Color _____

Dog Cat Bird Reptile Exotic Male Neutered Female Spayed

Reason for today's visit _____

Name & Date of Clinic for most recent vaccinations _____

Heartworm Prevention (Brand and date given) _____

Your pet's diet (Brand and type) _____

Do you authorize the use of your pet's image online (Facebook) YES _____ NO _____

I hereby authorize the veterinarians to treat my pet and I assume responsibility for all charges incurred. I understand my entire bill must be paid at the time of release and that a deposit may be required prior to treatment. I understand UAC accepts several payment methods: Cash, Credit Card, Care Credit, or personal check (with Photo ID). I understand I should address any issue with payment BEFORE any procedure is performed.

Signature of owner/agent _____ Date _____