

# UNIVERSITY WEST PET CLINIC

Thank you for taking the time to give us some information on you and your animals. NOTE: We require driver's license number or social security # for writing checks. \*\* ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED \*\*

## CLIENT INFORMATION:

\*Name: \_\_\_\_\_  
(FIRST) (M.I) (LAST)

\*Spouse Name \_\_\_\_\_  
(FIRST) (M.I) (LAST)

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

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

\*Email Address: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(self) (spouse)

\*Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(self) (spouse)

\*Place of Employment: \_\_\_\_\_ / \_\_\_\_\_  
(self) (spouse)

\*Social Security Number: \_\_\_\_\_ / \_\_\_\_\_  
(self) (spouse)

\*Driver's License Number: \_\_\_\_\_ / \_\_\_\_\_  
(We require DL# for any payment other than cash) (self) (spouse)

\*Referred By: \_\_\_\_\_

## PATIENT INFORMATION: (please put additional pets on back of this sheet)

\*Pet's Name: \_\_\_\_\_ \*Species (ex. Dog, Cat, Rabbit): \_\_\_\_\_

\*Breed: \_\_\_\_\_ \*Date of Birth or Approximate Age: \_\_\_\_\_

\*Color: \_\_\_\_\_ \*Male or Female? \_\_\_\_\_ \*Neutered or Spayed? \_\_\_\_\_

\*Vaccinations Current? \_\_\_\_\_ If YES, where? \_\_\_\_\_

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\*Breed: \_\_\_\_\_ \*Date of Birth or Approximate Age: \_\_\_\_\_

\*Color: \_\_\_\_\_ \*Male or Female? \_\_\_\_\_ \*Neutered or Spayed? \_\_\_\_\_

\*Vaccinations Current? \_\_\_\_\_ If YES, where? \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

I grant University West Pet Clinic permission to take photos of me and/or my pet and that they may use them for publicity, illustration, advertising and/or web content.

Signature of Owner: \_\_\_\_\_