



## Client Information Sheet

Owner's Name \_\_\_\_\_

Owner's Street Address \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred phone: ( ) \_\_\_\_\_ Cell \_\_\_ Home \_\_\_ Work \_\_\_ Other \_\_\_

Secondary phone: ( ) \_\_\_\_\_ Cell \_\_\_ Home \_\_\_ Work \_\_\_ Other \_\_\_

Would you like to receive health & appointment reminders via TEXT? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Preferred Method of Contact: \_\_\_\_\_

Co-Owner's Name: \_\_\_\_\_

Co-Owner's Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred phone: ( ) \_\_\_\_\_ Cell \_\_\_ Home \_\_\_ Work \_\_\_ Other \_\_\_

Secondary phone: ( ) \_\_\_\_\_ Cell \_\_\_ Home \_\_\_ Work \_\_\_ Other \_\_\_

How did you hear about us? \_\_\_\_\_

I give permission to University Veterinary Hospital & Diagnostic Center to share pictures and stories of me and my pet(s) on their website and in social media. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission to University Veterinary Hospital & Diagnostic Center to share your pet's records with others such as specialists, kennels or other veterinarians. Yes \_\_\_\_\_ No \_\_\_\_\_

- I certify that I am the owner of the animals listed below or am duly authorized to act on behalf of the owner. To the best of my knowledge, the above information is correct. I understand and agree that **full payment is due at the time of service/discharge.**
- We accept cash, Visa, MasterCard, Discover, American Express, Care Credit, Debit Cards, Cash & Checks
- Please give us **24 hours notice of cancellation** of your appointment so we may offer the time to another client.
- For pets brought in by unaccompanied minors, no-emergency treatment will be denied unless payment arrangements have been pre-authorized with our staff.
- **I have read, understand and agree to the above financial policy**

Owner/Responsible Party \_\_\_\_\_

Co-Owner/Responsible Party \_\_\_\_\_



## Patient Information

Patient #1

Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB or approximate age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female Spayed \_\_\_\_\_

Previous or existing medical condition: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

May we contact your previous veterinarian for medical records? Yes \_\_\_\_\_ No \_\_\_\_\_

Patient #2

Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB or approximate age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female Spayed \_\_\_\_\_

Previous or existing medical condition: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

May we contact your previous veterinarian for medical records? Yes \_\_\_\_\_ No \_\_\_\_\_

Patient #3

Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB or approximate age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female Spayed \_\_\_\_\_

Previous or existing medical condition: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

May we contact your previous veterinarian for medical records? Yes \_\_\_\_\_ No \_\_\_\_\_