

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? _____

*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? _____

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: _____