



**Bring in this form and  
save 10% on your first visit**  
(Excludes existing discount programs and services)

You must be 18 years of age or older to complete this form

**Client Information**

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

Client First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Do you have Pet Insurance? \_\_\_\_\_ What is the company name? \_\_\_\_\_

Which pets are covered? \_\_\_\_\_

If you would like to receive email reminders and newsletters for your pet(s) please provide your email address; we do not share your email address with anyone.

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

If you would like another person to make financial decisions and have access to your account, please list this person here:

Other Alternate Name: \_\_\_\_\_

**How did you become aware of our hospital?**

Savvy Shopper: \_\_\_\_\_

Waggoner Families: \_\_\_\_\_

Tempe Town News: \_\_\_\_\_

Yelp.com: \_\_\_\_\_

Dex: \_\_\_\_\_

Kudzu: \_\_\_\_\_

Google: \_\_\_\_\_

Verizon: \_\_\_\_\_

Yellow Pages: \_\_\_\_\_

Angie's List: \_\_\_\_\_

Facebook: \_\_\_\_\_

Web site: \_\_\_\_\_ or Web site Special: \_\_\_\_\_

New Home Letter: \_\_\_\_\_

LocalVets.com: \_\_\_\_\_

Humane Society: \_\_\_\_\_

Rabies Animal Control: \_\_\_\_\_

Animal Welfare League: \_\_\_\_\_

Personal Referral (Specific): \_\_\_\_\_

Friend (Whom may we thank?): \_\_\_\_\_

Other (direct mail, new home letter, etc) please be specific: \_\_\_\_\_

Are we going to be your regular veterinarian?

(If yes, we will send you notices about your pet's reminders being due)

YES    NO:    Here for Emergency    Boarding Only    2nd Opinion    Other

My regular veterinarian is: \_\_\_\_\_

**Payment Policy:** Full payment is required at the time of service. Deposits are required on major medical/surgical cases, trauma cases and hospitalization. We do offer Care Credit or Citi Health Card as a method of making payments; please ask about this before services are provided.

We do accept local checks only, no out of state checks will be accepted. For everyone's protection, we will ask to see your Driver's License every time you pay by check. This hospital works in conjunction with the State of Arizona's County Attorney's office in reporting bad check writers.

For security purposes and to protect the personal information of our clients, we will not keep credit card information on file or take credit card payments over the phone.

We do not carry open accounts; please choose your method of payment below:

**Cash:** \_\_\_\_\_ **Debit:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Amex/Visa/MC/Disc:** \_\_\_\_\_ **Care Credit or Citi Health Card:** \_\_\_\_\_

I agree to pay any costs and attorney's fees necessary for the collection of any amount not paid when due.

To lessen the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccinations and be free of all internal and external parasites. If we find that your pet is not current on vaccinations or has fleas and/or ticks, we reserve the right to provide vaccinations and parasite control when needed and you will be charged accordingly. If you have information to provide proof of vaccinations we would ask that you leave it with the front desk so that we can enter that information into your pet's file.

I have read the above information and understand the payment policy and infectious disease/parasite policy. I am the owner or authorized agent on this account. I have the right to make medical and financial decisions on this account.

**Print Name:** \_\_\_\_\_

**Adult Signature (18 years or older):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for choosing our hospital for your pets needs. We do offer extended evening and weekend hours, boarding and grooming services. Our web site [www.universityvet.com](http://www.universityvet.com) contains a lot of information about our hospital. You can make requests for appointments, boarding, medication refills and email us questions.

**Patient Information**

Pet Name: \_\_\_\_\_

Species: Dog Cat Ferret Rabbit Turtle Tortoise Lizard Snake Amphibian

Other small mammal/pet: \_\_\_\_\_

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

Sex: Male Female Spayed Neutered Unknown

Age: \_\_\_\_\_ or Birth Date: \_\_\_\_\_

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

**Medical History:**

Please list the following or write 'unknown' if you do not know:

Canine Vaccine Dates

Distemper/Parvo: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Last Heartworm Test: \_\_\_\_\_

Feline Vaccine Dates

Distemper: \_\_\_\_\_

Rabies: \_\_\_\_\_

Leukemia: \_\_\_\_\_

Last Leukemia Test: \_\_\_\_\_

My pet has a microchip for identification: Yes Brand: \_\_\_\_\_ or No

My dog is currently on heartworm preventative once a month: Yes No

My cat is: Indoor only Outdoor only Indoor/outdoor

My dog frequently boards, goes to the dog park, dog shows or is groomed: Yes No