

University Parkway Animal Hospital

Client / Patient Registration

Owner _____ Spouse _____ Date _____
Address _____ Zip Code _____ Phone _____
Owner Social Security _____ Spouse Social Security _____
Employer _____ Business Phone _____
Spouse's Employer _____ Business Phone _____
E-mail address _____

Payment is required at the time services are rendered. A deposit is required for all hospitalized patients. We do not maintain credit accounts. We do offer extended financing options utilizing CareCredit. If interested in CareCredit, please ask us for details prior to your pet's exam

I will be paying today by: Cash _____ Check _____ VISA/MC/DISCOVER _____

Pet's Name _____ Breed _____ Sex _____
Color _____ Age or Birthdate _____ Spayed/Neutered _____
Additional pet(s) 1) _____ Breed(s) 1) _____ Sex 1) _____
2) _____ 2) _____ 2) _____
Color 1) _____ Age(s) / Date(s) 1) _____ Spayed/Neutered 1) _____
2) _____ 2) _____ 2) _____

Is/are your pet(s) permanently identified by an ID microchip? Yes / No

Medical History (If known, please give most recent dates):

DOGS

Rabies Vaccination _____ Fecal Exam (for worms) _____ Results _____
Distemper/Parvo _____ Heartworm Exam (blood test) _____ Results _____
Bordetella Vaccination _____ Receiving Heartworm Preventative? _____
 Lyme Disease Vaccination _____ Monthly () or 6-Month Injection ()

CATS

Rabies Vaccination _____ Distemper vaccination (FVRCP) _____
Leukemia Vaccination _____ Feline Leukemia Test _____ Results _____
Fecal Exam (for Worms) _____

Is/are your cat(s) currently taking heartworm preventative? _____

Is/are your pet(s) currently on any medication? _____ If so, what and for what condition? _____

Has/have your pet(s) ever experienced an allergic reaction to penicillin, vaccinations, or any other medication(s)? _____

Reason for your visit to University Parkway Animal Hospital today _____

Please indicate how you heard about University Parkway Animal Hospital.

Internet _____ Phone book _____ Drive by _____ Referral _____ Other _____

If you were referred to University Parkway Animal Hospital, would you be so kind as to tell us who referred you to us so that we may thank them? _____

Signature _____