



WELCOME TO UNIVERSITY ANIMAL HOSPITAL! THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOU AND YOUR PET. WE LOOK FORWARD TO PROVIDING YOU WITH EXCELLENT CARE!

### REGISTRATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

### ADDITIONAL INFO

SPOUSE/PARTNER \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

### PET INFO

PETS' NAME \_\_\_\_\_ SPECIES  CAT  DOG

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX  MALE  FEMALE NEUTERED/SPAYED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_

### REFERRAL

HOW DID YOU HEAR OF OUR HOSPITAL?

YELLOW PAGES  WALKED BY  YAHOO  GOOGLE  OTHER \_\_\_\_\_

INDIVIDUAL OR GROUP: \_\_\_\_\_

### AUTHORIZATION

*TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASES, ALL GROOMING AND BOARDING ANIMALS, MUST BE CURRENT ON ALL VACCINES.*

I HEREBY AUTHORIZE UNIVERSITY ANIMAL HOSPITAL TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN 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 OR HOSPITALIZATION. I UNDERSTAND THAT THE UNIVERSITY ANIMAL HOSPITAL WILL NOT ACCEPT PERSONAL CHECKS\*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR MORE INFORMATION VISIT OUR WEBSITE AT [WWW.UNIVERSITYANIMALHOSPITAL.COM](http://WWW.UNIVERSITYANIMALHOSPITAL.COM)