

University Animal Hospital  
New Client Form (please print)

Name (last, first, MI): \_\_\_\_\_

Spouse/Co-Owner Name: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Preferred Phone #: (\_\_\_\_) \_\_\_\_\_ Alt Phone#: (\_\_\_\_) \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

\*We send updates, newsletters and specials by email. We will not dispense your information. It is used for our office only.

How were you referred to us? (if another client, please name: \_\_\_\_\_)

Discounts offered: Senior Citizen      OU Staff      OU Student      Military

How will you pay today?    Cash      Check      Credit Card

**Patient Information:**

Patient's Name: \_\_\_\_\_ Date of birth/Approx. Age: \_\_\_\_\_

Species: Dog    Cat    Other: \_\_\_\_\_ Sex: Male      Neutered    Intact

Female      Spayed      Intact

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Tattoo or ID implant # \_\_\_\_\_

Did you acquire your pet as a young or an adult animal? \_\_\_\_\_

If the patient is a dog, please tell us when he/she was last tested for heartworms or any tick diseases, if at all: \_\_\_\_\_

Do you keep your dog on monthly heartworm prevention? Yes      No

If the patient is a cat, please tell us when he/she was last tested for feline leukemia or FIV, if at all: \_\_\_\_\_

Has your pet had any major health problems? Yes      No      If yes, please explain \_\_\_\_\_

Please check if we may use you and your pet's photograph to be posted on our social media (website, facebook, etc). Yes \_\_\_\_\_ No \_\_\_\_\_

I assume responsibility for all charges included in the care and treatment of my pet(s). I also understand that these charges will be paid in full at the time of medical discharge and that a deposit is required for extended treatment and/or boarding of my animal.

Owner/responsible party's signature: \_\_\_\_\_ Date \_\_\_\_\_