

WELCOME TO UVH!!

Thank you for giving us the opportunity to care for your pet(s).

CLIENT INFORMATION Date _____

Name _____ Spouse/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Work Phone _____

Place Of Employment _____ Best Time To Reach You _____

E-Mail Address _____

All Fees Are Due At The Time Services Are Rendered Please indicate choice of payment.

Cash / Check Major Credit Card Care Credit

Driver's Lic No. _____ SSN _____

How did you become aware of our clinic? Drove by__ Yellow Pages__ Web Site__ Previous Client__ Other _____

Personal Recommendation (*Whom may we thank?*) _____

Picture Permission for team education and UVH Social Media: YES NO

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
INSURANCE COMPANY			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
IINTESTINAL PARASITE SCREEN			
HEARTWORM TEST			
HEARTWORM PREVENTION			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
FVRCP			
LEUKEMIA			
RETROVIRAL TESTING			
INTESTINAL PARASITE SCREEN			
HEARTWORM PREVENTION			
INDOOR OR OUTDOOR OR BOTH			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

All Fees Are Due At The Time Services Are Rendered

Owners are responsible for any charges incurred by their pet while in the care of the doctors at University Veterinary Hospital and *charges are due and payable at the time of service.*

Any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.25%. Any balance that is left unpaid will be forwarded to University Veterinary Hospital's collection agency, and will incur a delinquent billing service fee of \$25 and a possible collection fee for which the owner is liable, in addition to monthly finance charges. University Veterinary Hospital does have a \$25 NSF service fee for all returned checks. Clients that have a returned check will loose check writing privileges.

We offer estimates for all procedures and reserve the right to require partial payment in advance for the services provided to your pet. Please read all forms and make sure that you understand the forms before signing them. *Payment is due at the time of service.* Please discuss any financial concerns prior to your pet's care.

Signature of Client: _____ Date: _____