



Welcome

Thank you for giving the Union Street Veterinary Hospital, the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Client Information

Name _____ MI _____ Spouse Name _____

Address _____

Email Address _____ Can we send reminders using this email _____

City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ D.O.B. _____

Cell Phone _____ Spouse Phone _____

Work Phone _____ Spouse Work Phone _____

Place of Employment _____

Spouse Place of Employment _____

Patient Information

Pets Name _____ Date of Birth/Approx. _____

Species _____ Color _____

Breed _____

Please circle one

Male

Unknown

Female

Neutered Male

Spayed Female

Number of pets in the household? _____

Is your pet on Heartworm Preventative? _____

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Authorization

I hereby authorize Dr. Hartman 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.

Please sign full name on the reverse side.

Initials _____