



Union Pet Hospital



Thank you for the opportunity to care for your pet(s). To insure the best care possible and so that we may become better acquainted, please take the time to fill in this form completely.

Information About You

Your Name: Mr. Mrs. Ms. Dr. _____

Co-Owner/Spouse: _____

Date of Birth: _____ Co-owner Date of Birth: _____

Children's names and ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Co-Owner Phone: _____

Email: _____ If necessary, is it okay to contact you at work? Yes No

Employer: _____ Phone: _____

Employer (co-owner): _____ Phone: _____

How did you first hear about us?

- Phonebook
- AAHA Referral
- Facebook
- Drove By/ Clinic Sign
- Google / Internet Search
- Home Town Directories
- Personal Recommendation by: _____
- Other: _____

Your Pet's Information

Pet's name: _____ Dog Cat Gender: Male Female Spayed Castrated

Breed: _____ Color: _____ Age/Birthday: _____

Allergies: _____ Current Medications: _____

Did you bring past history from previous veterinary records? Yes/No

If not, please list previous veterinarian's information below so we can request your records faxed to us.

Previous Veterinarian: _____ Phone (if known): _____

Photo Release

Photos may be taken of your pet while it is in our office for visits, boarding, and/or hospitalization. Do we have your permission to post these photos to our hospital's website, training guides, and/or Facebook page? Yes No

Method of Payment Today

Payment is required at the time of service. For your convenience, we accept Visa, MasterCard, Discover, American Express, Care Credit, Cash, or Check. We will be happy to provide written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required.

Please choose method of payment: Cash Check Debit/Credit Care Credit

Authorization

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. Understand that these charges must be paid at the time of release.

Signature: _____ Date: _____

Account Number