



# WELCOME

Thank you for giving us the opportunity to care for your Pet(s). We will be happy to answer any questions you may have about your pet(s)' health. To insure the best care possible, please take time to fill out this form. Thank you!

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Winter Resident  Yes  No

\_\_\_\_\_, \_\_\_\_\_ County: Manatee  Sarasota   
(city) (State) (Zip Code)

Spouse/Other: \_\_\_\_\_ (circle one)

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ May we contact you via email if needed for  
appointment reminders or specials within the clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

### How did you learn about us?

Yellow pages  Sign/passed by  Advertisement ( \_\_\_\_\_ )  
which one  
 Community welcome flyer  Personal Recommendation ( \_\_\_\_\_ )  
Person  
 Web Site  Other: \_\_\_\_\_

### PETS:

	<u>Name:</u>	<u>Species</u> (Dog/Cat/Bird)	<u>Breed /Color</u> (Poodle/Black)	<u>Sex</u> (Male/Female)	<u>Altered</u> (Yes/No)	<u>Age/DOB</u>
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____	_____

I authorize the attending veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required prior to surgery or anticipated major medical care.

I also give the attending veterinarian the right to give out pertinent information to any outside pharmacy or veterinarian should I choose to use another company besides University Animal Clinic(UAC). I also understand all reasonable precautions and measures will be taken during the treatment of my animals either in the exam room, in the treatment area, or in surgery. However there are always risks involved with treating animals, especially during surgery. I understand and accept these risks and give UAC authority to perform the assigned and designated treatment of my animal(s) as long as I'm well informed.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method of payment:  Cash  Check (Drivers License#: \_\_\_\_\_ ( \_\_\_\_\_ )  
 Visa  MasterCard  Discover (state)