

University Pet Clinic  
1506 N Tucson Blvd  
Tucson, AZ 85716

**OWNER'S** Last Name, First Name: \_\_\_\_\_

Email (for clinic use only- never sold): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**PET'S** Name: \_\_\_\_\_ Date of Birth (or age): \_\_\_\_\_ Color: \_\_\_\_\_

Dog, cat, other: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F

Spayed or Neutered? Y N Microchip # (we can scan): \_\_\_\_\_

Why did you choose University Pet Clinic? CIRCLE **Referred by Someone (give us their name to say Thanks!), Driving by, Website, Google+, Yelp, Facebook, Phonebook, Other** (specify)

How would you like to pay today? \*Payment due upon services rendered Cash Check Credit Card

**The date (or approx. date) of your pet's most current vaccines:**

**DOGS**

Rabies: \_\_\_\_\_

Distemper/Parvo: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Other: \_\_\_\_\_

**CATS**

Rabies: \_\_\_\_\_

Feline Distemper/Upper-Respiratory: \_\_\_\_\_

Leukemia: \_\_\_\_\_

Other: \_\_\_\_\_

**Is your pet on...:**

Heartworm prevention?: Y N if Yes, which brand: \_\_\_\_\_

Flea & Tick prevention: Y N if Yes, which brand: \_\_\_\_\_

Has your pet been having diarrhea or vomiting recently?: \_\_\_\_\_

Other medical conditions we should be aware of (epilepsy, heart problems, coughing, limping, itching or scratching, scooting or licking hind-end, bad breath, loss of appetite, decreased or increased thirst, etc.):

Is your pet currently on any medications? (If so, please list):