

University Pet Clinic
1506 N Tucson Blvd
Tucson, AZ 85716

OWNER'S First Name: _____ Last Name: _____

Email: _____
(for clinic use only- vaccine & appointment reminders, occasional newsletters and our online pharmacy offers)

Mailing Address: _____

City, State: _____ **Zip:** _____

Best Phone #: _____ **Work #:** _____ **Other #:** _____

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

Dog or Cat: _____ **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 is due upon services rendered Cash Credit Card

Date (or approx. date) of Your Pet's Most Recent 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: _____

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