

University Pet Clinic
1506 N Tucson Blvd
Tucson, AZ 85716

Last Name _____, First Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email (for clinic use only- never sold): _____

Pet's Name: _____ Date of Birth: _____ Color: _____

Species: _____ Breed: _____ Sex: _____

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

| |
|---|
| How did you hear about us?: Name: _____ or Yellow Pages Drive by Internet Our website |
|---|

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

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

DOGS

CATS

Rabies: _____

Rabies: _____

Distemper/Parvo: _____

Feline Distemper/Upper-Respiratory: _____

Corona: _____

Leukemia: _____

Bordatella: _____

Other: _____

Other: _____

Is your pet on...:

Heartworm prevention?: Y N if Yes, which one: _____

Flea & Tick prevention: Y N if Yes, which one: _____

Has your pet been having diarrhea or vomiting recently?: _____

Other medical conditions we should be aware of (epilepsy, heart problems, coughing, limping, scratching, etc.) :

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