

# UPPER KEYS VETERINARY HOSPITAL

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Email Declined: \_\_\_\_\_

Referred By: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: \_\_\_\_\_

Heartworm Prevention: \_\_\_\_\_ Flea/Tick Control: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Microchip Company: \_\_\_\_\_

What brand and type of food does your pet eat? \_\_\_\_\_

Is your pet on any supplements or medications? \_\_\_ Names: \_\_\_\_\_

Has your pet ever had surgery? \_\_\_ Description: \_\_\_\_\_

Do you take your pet to a boarding or grooming facility or the dog park? \_\_\_\_\_

Photo release: I would be happy to have UKVH share photos of my pet & their progress made here at the hospital on their website(s) and general social media.

Please check: \_\_\_ Approve \_\_\_ Decline      Signature: \_\_\_\_\_

We thank you for allowing us this opportunity to care for your pet. In order to provide the highest standard of care for our patients, we require that all fees are due at the time of service. A deposit is required on all pets admitted to the hospital. Forms of payment accepted are Cash, Check, Visa, Mastercard, Discover, American Express, and Care Credit. We routinely provide written estimates for all hospitalized patients and your medical care team will discuss that estimate with you prior to admission.

\_\_\_\_\_

Signature of Client