



3316 56th Street, Suite 104, Gig Harbor, WA 98335 | 253.851.7387 | www.uptownvet.com

New Client Form

Today's Date: _____

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few minutes to completely fill out this information sheet.

Owner's Name: _____ Spouse/Partner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Driver's License: _____ Date of Birth: _____

Driver License & Date of Birth is required by WA State law for dispensing controlled medications

E-mail: _____

Indicate preferred method of contact: Home Cell E-mail.

Employer's Name & Phone Number: _____

How did you hear of our hospital? _____

PAYMENT IS DUE AT TIME OF SERVICE OR UPON RELEASE OF PATIENT.

I acknowledge that payment is due in full at the time of service. I understand that I may ask Uptown Animal Hospital to provide me with an update of current charges and an estimate for treatment at any time.

Client signature: _____ Date: _____

Pet Information

	Pet 1:	Pet 2:	Pet 3:	Pet 4:
Pet's Name:				
Canine/Feline:				
Breed:				
Color:				
Birthday/Age:				
Male/Female:				
Spayed/Neutered:				

If vaccines were given elsewhere, please provide the name of the hospital/veterinarian and city or written documentation so we can update our records: _____

REFERRING VETERINARIAN – Emergency visits ONLY!

Uptown Animal Hospital & 24 Hour Emergency Care greatly appreciates the trust your regular veterinarian has in us to provide care and treatment of your pets during non-business hours.

In order to maintain continuity of the client/patient relationship and uphold their confidence in us, we respectfully ask that you return to your regular veterinarian for continued/follow-up care as needed.

Uptown Animal Hospital & 24 Hour Emergency Care is open 24 hours, 7 days a week for your convenience and that of the local veterinarians. **All patients being discharged should be seen by their regular family veterinarian for a follow up.**

Regular Veterinarian: _____

I DECLINE records being sent to my primary veterinarian. Initials: _____

Signature Required: _____