



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

**New Client Form**

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 Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ PO BOX: (if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Employer Name and Phone #: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_

**\*Physical address, driver's license & date of birth are required by WA STATE LAW for dispensing controlled medications\***

How did you hear about our hospital? \_\_\_\_\_ Military? Y N Senior (65+)? Y N

**Pet Information**

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

**Media Release**

I grant to Uptown Animal Hospital & 24 Hour Emergency Care, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Uptown Animal Hospital & 24 Hour Emergency Care may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising and web content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **DECLINE:** \_\_\_\_\_

**Payment Policy**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Record Release – EMERGENCY VISITS**

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: \_\_\_\_\_