



The Uptown Veterinarian

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New Client & Patient Information Form

Date: _____

Primary Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ **Landline** **Cell***

*Can we text you with updates, reminders, and appointment confirmations? Yes No

E-mail address**: _____

**Necessary for sending out vaccine/exam due date reminders.

Preferred method of contact for Appointment/Exam reminders: **Phone** **Text** **Mail** **E-mail**

Secondary Owner (Spouse/Partner): _____

Secondary Phone: _____ **Landline** **Cell**

E-mail address: _____

Preferred Method of Contact: **Phone** **Text** **Mail** **E-mail**

Pet's Name: _____ DOB: _____ Microchipped? **Y** **N**

Species: **Cat** **Dog** Breed: _____ Sex: **M** **F**

Color/Markings: _____ **Neutered** **Spayed**

What are you currently feeding your pet? _____

Where did you obtain your pet? _____

Please list any current medications, allergies, and a brief medical history if any: _____

Please list any vaccines that have been given within the last 3 years: _____

Previous Veterinary Clinic if any: _____

**Payment is due at time of service. If you are unsure of the cost, please feel free to request an estimate at any time. If your pet requires hospitalization, a deposit may be required.
We accept all major credit cards, cash, or personal checks.**