

New Client Information

Name of Owner _____ Driver ID# _____ - _____ - _____
(Last) (First) (MI)

Name of Spouse _____ Driver ID# _____ - _____ - _____
(Last) (First) (MI)

Address (St.) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: _____ Work _____ Spouse's Work _____

Your Email address: _____ @ _____ for petportal access.

Place of Employment: _____

Spouse's place of Employment: _____

Name & phone # of person to contact in case of Emergency (not living at above address)

How did you hear about us? _____ Phone book _____ Webpage _____ Google _____ Sign/Location

Or Referred to us by _____

PAYMENT IS DUE AT TIME OF SERVICE, NO BILLING

Indicate method of payment: _____ Cash _____ Personal Check _____ Visa/M.C./AEx

Credit Card Number: _____ Exp. Date: _____

Emergency/Surgical Patients

I hereby grant authority to the Veterinarians of Highlands Veterinary Center to examine, administer treatment/medication, and perform a surgical procedure (including anesthesia) as may be deemed necessary for the well being of my pet(s). I understand that the charges incurred for my pet(s) care are my responsibility.

I am aware that payment is required after services are rendered unless arrangements have been made in advance.

(Signature)

(Date)

Pet Information

Name: _____

Species: Canine (Dog) Feline (Cat) Other: _____

Breed: _____

Sex: (Circle) Male Female Male/Neutered Female/Spayed

Aproximate Birthdate: _____

Color: _____

Vaccination/Medical History: _____

Does your pet have a microchip implant? _____ Yes _____ No