

**Highland Pet Hospital &  
Wellness Center LLC**  
**www.highlandpethospital.com**

**New Client Information:**

Owner: \_\_\_\_\_ Spouse/ Co-owner \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
If we need to contact you which number do you prefer we use? \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Who referred you to our hospital? \_\_\_\_\_  
Yellow Pages \_\_\_\_\_ Hospital sign \_\_\_\_\_ Other \_\_\_\_\_  
Previous Veterinarian: \_\_\_\_\_

**Pet Information:**

\*Please present all medical histories from previous veterinary clinics upon arrival\*

Please list information for all pets you would like on your account:

Pet's Name	Species	Age	Spay/Neuter	Breed	Color

**Payment Options:**

I assume responsibility for all charges incurred in the care of my pet. I, also, understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment or prolonged hospital stays. Highland Pet Hospital and Wellness Center offers the following payment options:

- \*Cash
- \*Mastercard
- \*Discover
- \*Personal/Business Check
- \*Visa
- \*Care Credit

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