

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse/Co-owner
 Name _____

Address _____ City _____ State _____

Zip _____

Phone Number/Type () _____ () _____
 () _____ Best Time/Number to reach
 you _____

Email address _____ Previous
 Veterinarian _____

How did you hear of our clinic?
 Live close by Hospital Sign Internet search Website Other _____

Personal recommendation that we may
 thank _____

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth/Approx Age			
Color			
Sex; Spayed or Neutered			
Do you use Heartworm/ Flea Preventatives? Brand? Date last given?			

Our pet(s) is: Member of our family Child's pet Backyard pet

Any previous serious illness or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

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

Check

Visa

MasterCard

Discover

CareCredit

Signature _____

Date _____