



**Highland Lakes
VETERINARY**

*Thank you for giving us the opportunity to care for your pet (s).
Please complete the following to help us become better acquainted.*

Date _____

Owner's Name: _____ Spouse's: _____

Mailing Address: _____
(Street) (City) (Zip)

Physical Address: _____
(Street) (City) (Zip)

Home Phone # _____ Cell # _____ Add'l # _____

Employer's Name & Address _____ Phone# _____

Driver's License # _____ State _____ DOB _____ / _____ / _____

How did you hear about us? Phone Book Clinic Sign Website Internet Search Referral

Individual; whom may we thank? _____

E-mail: _____

Do you prefer to receive e-mail or postcard reminders? E-mail Post card

Payment is due in full at the time of services.

We accept cash, local checks, and debit/credit cards: VISA, MasterCard, Discover and Care Credit.

How do you plan to pay for today's services? Circle one: Cash Check Credit/Debit Card

Our pledge is to provide the very best care for your pet. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. We will gladly prepare an Estimate prior to providing services upon request

Client Signature: _____ Date: _____

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PET INFORMATION

Pet Name: _____ Breed _____

Color _____ Age/DOB _____ Sex _____

Medical Conditions/Concerns _____ Spayed/Neutered _____

Known Allergies _____

History of vaccine reactions Yes No I have brought records today

Microchip No Yes Brand _____

Pet Name _____ Breed _____

Color _____ Age/DOB _____ Sex _____

Medical Conditions/Concerns _____ Spayed/Neutered _____

Known Allergies _____

History of vaccine reactions Yes No I have brought records today

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