Welcome to Highland Animal Hospital

Thank you for trusting us with your pet's health.
Please complete this form to tell us about you and your pet.

Client Information

Owner's Name _____

Co-Owner's Name _____ Co-Owner Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone: Home _____ Mobile _____ Work _____

Primary/Best Phone Number to use ❑Home ❑Mobile ❑Work

Patient Information

Pet's Name _____ ❑ Dog ❑ Cat ❑ Other _____

Breed _____ Color _____ Markings _____

Date of Birth (approximate) _____ Neutered/Spayed ❑ Yes ❑ No If no, reason: _____

Previous veterinarian _____

Was your pet treated for any illnesses or accidents in the past year? ❑ No ❑ Yes

If yes, please describe: _____

Is your pet currently on any medication or special diet? ❑ No ❑ Yes

If yes, please describe: _____

Does your pet have any drug or vaccine sensitivities or reactions? ❑ No ❑ Yes

If yes, please describe: _____

General Information

I would like to receive ❑ email and/or ❑ text messages regarding my pet(s). This may include, but is not limited to, appointment reminders, health reminders, and hospital updates. Initial _____

I authorize Highland Animal Hospital to use my pet(s) images for purposes including, but not limited to, website, social media, and hospital use. Initial _____

I authorize _____ ❑ to make medical decisions and/or ❑ access medical information for any/all of my pets. Initial _____

I understand that these consents remain in full force and effect unless and until I provide a written revocation of consent to Highland Animal Hospital. Initial _____

I assume full responsibility for all charges incurred for my pet(s) and understand that payment in full is due at the time of service. I understand a deposit will be necessary for hospitalization and/or treatment. Highland Animal Hospital accepts cash, check, Visa, MasterCard, Discover Card and CareCredit. Initial _____

I understand there may be a $25 service charge for any returned check. Any unpaid account past 60 days may be sent to a collection agency. Initial _____

Signature of Owner _____ Date _____