

# WELCOME TO OUR PRACTICE



Your Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    Number and Street                    City                    State                    Zip Code  
Home Phone#: (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone#: (\_\_\_\_) \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_

## PET INFORMATION:

1: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Has pet been spayed or neutered: Yes  No

2: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Has pet been spayed or neutered: Yes  No

Has your pet(s) had any prior medical or surgical illness we should know about?

What type of medication or prescription type diet is your pet(s) currently taking?

### For your pet's and our patient's protection:

Whenever your pets are in our clinic for treatment, surgery, grooming, or boarding, these immunizations (see below) must have been/be performed by a licensed DVM. Pets with fleas or ticks will be treated by the safest means to be determined by our professional staff, also at owner's expense. If your pet is not picked up within 5 days of the scheduled pick up date, or arrangements are not made to stay longer, I understand that he/she will be considered abandoned. Highland Animal Hospital is given authorization to relocate the pet(s) as it is deemed best to a new home or animal control facility, also at owner's expense.

**\*Cats to be up to date on Rabies and Fvrpc (distemper)**

**\*Dogs to be up to date on Rabies, Distemper-Parvo, and Kennel Cough (bordetella)**

**"I am financially responsible for my pet and agree to pay ALL FEES INCURRED. I understand that any medical or surgical procedure is attended by some risk, and that it is not possible to guarantee the successful outcome of such procedures."**

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

Payment Methods accepted: Cash, Check, Visa/MasterCard, American Express, Debit, Discover,

Carecredit. **We do not bill for services, and we do not hold checks for payment.**

**Disclosure of fees: A returned check fee of \$26 will be applied to your account for any checks returned NSF. Unpaid balances over 30 days will incur a monthly statement fee. Any fees uncollected over 90 days will result in the account to be transferred to collections/credit reporting.**

# Financial Policy

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- 1. Payment for services rendered and products purchased is required at the time of the visit.**
- 2. We do not bill and we do not hold checks for payment.**  
**If you are unable to pay for a visit you can inquire about Care Credit which is a third party financial lender. You can apply in our office and receive an answer if just a few moments.**
- 3. A deposit is required for any patients who are hospitalized and the balance of the total will be required before the animal goes home.**

**I have read and agree to the above policies.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**