

HIGHLAND ANIMAL HOSPITAL

To insure that we provide the best service and care for your pet, please provide us with the following information.

Pet Name: _____ Today's Date: _____

Is your pet taking any medications? YES or NO

THERE IS A \$3.00 ADDITIONAL DAILY CHARGE FOR GIVING MEDICATIONS, NOT INCLUDING THE MEDICATION ITSELF.

If, YES, what medications, when were they last given and how much daily? _____

List any medications that you need refilled today. _____

What is the name brand of the food that you feed? _____

Is the food dry/canned? How often per day and how much do you feed? _____

When did your pet last eat? _____

For an additional fee, do you want us to bathe or groom your pet? YES or NO

(If groom, must speak with groomer or have appt already made/fill out additional grooming sheet)

If medically necessary, may we sedate your pet? YES or NO
(additional fees may apply)

Who will be picking up your pet? What date and time? _____

PICK UP TIMES:

Mon – Fri between 8:30 – 4:30pm **IF BATHED/GROOMED between 3:30pm – 4:30pm**

Sat – between 8:30 – 11am

NO SUNDAY PICKUP

****PLEASE DO NOT LEAVE TOYS, BLANKETS, BEDS, COLLARS OR LEASHES****

Authorization to Provide Care

I am the owner or authorized agent of the owner of the pet listed above, and I hereby authorize and direct the veterinarian and/or staff of Highland Animal Hospital to perform the services(s) I requested and all other procedures, diagnostics, treatments and/or administration of needed medications within accepted veterinary guidelines as deemed advisable and/or necessary for my pet.

Signature: _____ Date: _____