

Highland Veterinary Clinic

Date:

Owner(s) Name (s) (must be 18 years of age or older) :

Address/City/State and Zip:

Email Address (used only for HVC):

SS Security # or valid DL/State ID#

Primary Phone

2nd Phone

3rd Phone;

Spouse/Other Work Phone

We like to network with our pet community--who is your Employer or place of business?

Are there any immunocompromised persons currently living in your home, or other human medical or personal alerts we should ask about at the time of your visit? This optional response is confidential and is designed to help us serve your pet & household medical needs. In addition to the pet owner and spouse or relative currently listed on my pet's record, I also consent to the release of medical information to:

Pet's Name (Describe Additional Pets if applicable on Pg2):

Approx. Age&/or DOB

Species:

Pet Breed/Primary Mix:

Color/Marks:

Gender/Alteration

- ❖ Have you used a local veterinarian before? If yes, what motivated a switch?
- ❖ Can you give us a good idea of how you first heard about us?:
If your selection was starred or not listed, can you remember, more specifically, who we may thank?:
- ❖ To help us better serve you and your pet family's needs, was there a particular feature at Highland that made HVC attractive choice?:
- ❖ Primary Reason for First Visit/Presenting Problem:
- ❖ Any other Veterinary Alerts, Allergies, Behavioral Issues, or Chronic Medications that you wish to have recorded:

A complete veterinary history will serve you and your pet more efficiently and accurately. You can help us avoid medical duplication or diagnostic error by presenting your pet's previous medical record, if available, in advance of your visit. If you are submitting electronically, where may we obtain his/her information?:

What method of payment do you prefer to use for veterinary medical expenses?

I, the undersigned, assume responsibility for all charges that are incurred. I also understand that payment is due at time of release, unless other specific arrangements/agreements have been made in writing **prior** to treatment/services. I understand that a deposit may be required to pursue hospitalization or surgical treatment. I further understand that in the event of non-payment, fraudulent payment, bounced checks or any violation of a prior agreed payment arrangement, the entire balance shall be considered in default with the addition of any and all banking, collection fees, collection agency and/or attorney fees, necessary to the amount due to Highland Veterinary Clinic without any relief whatever from Valuation and Appraisal Laws. (Initial)

I further understand that my check may be presented electronically at any time for validation and deposit. **I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in Veterinary Medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, agent or employees of Highland Veterinary Clinic.**

(Initial)

I understand that a written estimate of charges is available within reasonable time at my request, that every reasonable effort will be made to operate in good faith within the confines of an estimate, but that an estimate is not a binding contract for services, and that **it is my responsibility to request information regarding ongoing charges during my pet's hospitalization.**

(Initial)

Signature:

Receiving HVC Client Service Rep. Initials:

email as PDF to: office@highlandvet.net
fax: 812-867-6654

Additional Pet Names, Age, Types, Breeds, Colors, and Gender/Alteration (ex. SF=Spayed Female, NM=Neutered Male:

