

Highland Veterinary Hospital

New Patient Form

301-854-3372

highlandveterinary.com

Thank you for choosing Highland Veterinary Hospital. We are grateful for your business! Please fill out as much or as little as you would like so that we may best help take care of your pets!

Client Information:

Owner 1: _____
Last First Middle Initial

Owner 2: _____ Relationship: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____ Owner 2 Phone: _____

Email: _____ Preferred Communication: Email Phone Text

Permission to use pictures, history, or medical information about your patients in the media?
i.e. Print materials, our website, or our facebook Yes No

Previous Vet: _____ Phone: _____

How did you hear about us?: _____

Patient / Pet Information:

Pet #1 (select one): Cat Dog Pet #2 (select one): Cat Dog

Name: _____ Name: _____

Breed: _____ Breed: _____

Color: _____ Color: _____

Date of Birth: _____ Date of Birth: _____

Sex: _____ Sex: _____

Spayed/Neutered: Microchipped: Spayed/Neutered: Microchipped:

Known Medical Conditions: _____ Known Medical Conditions: _____

Payment Policy: FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Alternative payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases, and emergency work where hospitalization is required. There is a fee for all refunded checks. Outstanding balances upon accounts may result in account information being sent to a collections agency.

Signature of Owner or Agent:

Date: