Highway Veterinary Hospital

Please tell us how you heard about us (check all that apply):

❒ Online search ❒ Website ❒ Facebook ❒ Referral – by whom? _____

Do you already have an appointment scheduled: ❒No ❒Yes Appointment date:_____

Previous Veterinary Hospital: _____ City/State: _____ Phone: _____
Please bring any and all medical records/adoption paperwork with you or email to highwayvet@comcast.net prior to appointment. We cannot check your pet in until we have these records

Client Information:

***Owner's name** (last, first)*: _____

Street address: _____ City/State/Zip: _____

Phone #: home _____ cell _____ work _____

**Which phone should be listed as the primary contact number? ❒ Home ❒ Cell ❒ Work*

Email address: _____

***Spouse / co-owner's name** (last, first):* _____

Phone #: home _____ cell _____ work _____

Email address: _____

Pet Information:

Pet's Name: _____ *Species* ❒Canine ❒Feline *Breed*: _____

Date of Birth: _____ *Sex*: ❒ Male ❒ Male Neutered ❒ Female ❒ Female Spayed

When was your pet neutered or spayed if applicable_____ ❒Unsure

Color: _____ *Microchipped*: ❒ Yes ❒ No ❒ Don't know

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Date of Birth: _____ *Sex*: ❒ Male ❒ Male Neutered ❒ Female ❒ Female Spayed

When was your pet neutered or spayed if applicable_____ ❒Unsure

Color: _____ *Microchipped*: ❒ Yes ❒ No ❒ Don't know

Authorization:

I hereby authorize the veterinarian to examine, prescribe for and treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand that all fees are expected to be paid in full at the time services are rendered and that payment can be made via cash, personal check, or any major credit card. I understand that at the scheduling of my appointment, I will be required to pay a $25 deposit fee. This deposit is refundable if cancellation is necessary and done so by 3pm the previous business day. I understand that in the event that rescheduling or canceling of any appointment is necessary, failure to provide 24-hour notice will result in a deposit for all future appointments.

I further understand that upon default of payment, I accept responsibility for any collection fees and/or attorney's fees, including interest, accrued at 18% per annum. Returned checks will incur a $25 fee.

Signature of Owner: _____ Date: _____