Welcome to our practice



Owner's Name:		Spouse/Significant Other:					
Street A	Address:						
City:			Zip code:				
Home F	Phone#:	Cell Phone#:					
			#:				
Email A	.ddress(S):						
Emerge	ency Contact Nam	ne & Number:					
Pet Info	ormation:						
1)	Name:	Age/Birthdate:	Sex: Male / Female	Spayed / Neutered			
	Breed:Coloring/Markings						
	Has your pet had any prior surgeries? If yes explain						
	Has your pet had any previous illnesses? If yes explain						
	Is your pet on any prescription medications or diets?						
	What flea & Tick and heartworm prevention medication is your pet on?						
	Name:	Age/Birthdate:	Sex: Male / Female	Spayed / Neutered			
	Breed:	Coloring/Markings:					
	Has your pet had any prior surgeries? If yes explain						
	Has your pet had any previous illnesses? If yes explain						
	Is your pet on any prescription medications or diets?						
	What flea & Tick	and heartworm prevention medication is your	pet on?				

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

By signing below you have read and understand the above.

- Whenever your pet(s) are in our clinic for treatment, surgery, grooming, and/or boarding appropriate immunizations must have been or being performed by a licensed DVM.
 - Cats to be up to date on Rabies and FVRCP(Feline distemper)
 - Dogs to be up to date on Rabies, DHPP(Distemper-Parvo Combo), and Bordetella(Canine Cough)
- Pets found to have fleas and/or ticks will be treats by the safest means determined by our staff and at the owner's expense.
- Pets in our care for boarding or hospitalization not picked up within 5 days of their scheduled discharge date, or arrangements not made for a longer stay, will be considered abandoned. At this time Highland Animal Hospital will be given authorization to relocate the pet(s) as deemed best for the well-being of the pet(s). This includes through a 501© rescue group, animal control, or personal rehoming and the owner will be billed for all acquired expenses.
- At any point the safety of the pet or staff is at risk proper restraining techniques will be used. This is includes muzzle, wraps, removing the pet from the room, sedation, etc. to ensure everyone is kept safe.
- I understand that any medical or surgical procedure comes with a level of risk and that it is not possible to guarantee a successful outcome of such procedures.

Signature	Date

Financial Policy:

- Payment for services rendered and products purchased are due at the time of the visit.
- Owner(s) listed above are financially responsible and agree to pay all fees incurred during any pets visit or stay.
- We do not bill or hold checks for payments for any visit or procedure.
- If you are unable to pay for the full or partial amount of a visit, procedure, or product you can inquire about Care Credit. Care Credit is a third party financial lender that extends a line of credit that can be used for veterinary services. You can apply in our office or online at the Care Credit website.
- A deposit is required for any patients who are going to be hospitalized for any reason. The remaining balance on the account is due at the time of discharge when the pet goes home.

By signing below you have read and understand the above.						
Signature	Date					