



HIGHLAND ROAD ANIMAL HOSPITAL

NEW PATIENT & CLIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely.

CLIENT INFORMATION

Date _____
First name _____ Last name _____
Spouse's name _____
Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Work phone (_____) _____ Ext _____
Cell (_____) _____ E-mail address _____
Employer _____

PATIENT INFORMATION

Pet's name _____ Sex: Male Female Neutered or spayed? Yes No
Species: Dog Cat Other _____
Pet's Date of Birth (Month/Day/Year) ____ / ____ / ____ Breed _____ Color _____
Does your pet have any allergies, special medications, or health problems we should know about? Yes No
If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Where were the most recent vaccinations given? _____

Who was your previous veterinarian? _____ Phone (_____) _____

Is your pet (dogs & cats) on heartworm preventative? Yes No What type? _____

How did you become aware of our hospital?

Referred by friend Whom may we thank? _____
 Drove by Previous client Website, www.hrah.com Yellow pages

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet and to provide vaccines and parasite control as needed. I assume responsibility for all charges incurred in the case of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. All fees are due when services are rendered! Our service charge is 1.5% per month for balances that are over 30 days. We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

Signed _____ Date _____