

When completed, please save this document to your computer. Email the saved document to us at mail@highlandpethospital.net



New Guest & Patient Form

Guest Information			
First Name	Last Name		Date
Street Address		Apt/Unit #	
City	State		ZIP
Primary/Cell Phone #	May we text you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alt Phone#	
Spouse/Partner/Significant Other			
Email			
How did you hear about us?			
Previous Veterinary Clinic (if applicable)		Can we call for records? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Pet Information	
Name	Age/DOB (or best estimate)
Species	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)
Breed	
Color	
Sex	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Microchip # (if Known)	

Name	Age/DOB (or best estimate)
Species	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)
Breed	
Color	
Sex	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Microchip # (if known)	
May we post your pet(s) photo on our website and/or social media pages? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Payment is due when services are rendered. Highland Pet Hospital accepts cash, checks (with valid identification), Visa, MasterCard, American Express and Discover. Unfortunately, we are not able to extend credit, but we do accept Care Credit. We cannot accept post-dated checks.

By checking the "Agree" box below, I certify that I am the owner or appointed agent of the above described animal(s) and agree to the financial terms stipulated herein, and that payment is required in full at the time of service.

I agree