



HIGHWAY VETERINARY HOSPITAL

Client Registration:

*Please provide us with your driver's license(s) so that we may make a photocopy for our records. All information gathered is for hospital use; we do not sell or trade personal client information.

Owner Name (Last, First, M.I.): _____ Social Security #: _____

Street Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Employer Street Address: _____ City/State: _____ Zip Code: _____

Spouse/Partner Name: _____ Social Security #: _____

Cell Phone: _____ E-mail Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Employer Street Address: _____ City/State: _____ Zip Code: _____

Please tell us who referred you, so that we may thank them: _____

Or, please tell us how you heard about our hospital:

Telephone Book Driving by Sign out front Other: _____

Pet History:

1. Pet's Name: _____ Sex: Male Neutered Female Spayed Date of Birth: _____

Species (Feline, Canine, etc.): _____ Breed: _____ Color: _____

2. Pet's Name: _____ Sex: Male Neutered Female Spayed Date of Birth: _____

Species (Feline, Canine, etc.): _____ Breed: _____ Color: _____

3. Pet's Name: _____ Sex: Male Neutered Female Spayed Date of Birth: _____

Species (Feline, Canine, etc.): _____ Breed: _____ Color: _____

Previous Veterinary Hospital: _____ City/State: _____

Veterinarian's Name: _____ Telephone Number: _____

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 professional fees are expected to be paid in full at the time

services are rendered, or upon discharge from Highway Veterinary Hospital, and that payment can be made by cash, personal check, Visa, Mastercard, or Discover.

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.

Signature of Owner: _____ Date: _____