



Highway Veterinary Hospital

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

Please send all medical records/adoption paperwork to records@highwayvet.com prior to appointment. If bringing your records with you, arrive no later than 15 minutes early to your appointment. We cannot check your pet in until we have 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: _____

Co-owner's name (last, first): _____

Phone #: home _____ cell _____ work _____

Email address: _____

I authorize the co-owner to make financial decisions regarding my pet ☐ Yes ☐ No

Pet Information: Please fill out one form per pet

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 ☐ Unsure

I authorize Highway Veterinary Hospital to use any pictures taken on our social media/slideshow ☐ Yes ☐ No

Policy 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 to be paid in full at the time services are rendered and that payment can be made via any major credit card, personal check, or cash.
- I 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.
- I understand that any person(s) that brings my pet to Highway Veterinary Hospital **must be over the age of 18**, listed as an authorized user on the account, and I assume financial responsibilities for payment of that visit.
- I understand that if cancellation is necessary I will do 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 proper notice may result in a deposit for all future appointments.
- I understand that my dog must be on a **non-retractable** leash and my cat must be in a carrier for their safety.
- I understand that all prescription refill requests will require 48 hours minimum notice for approval and prepayment is required. We offer an online pharmacy, however if a written RX is required, I understand that it is my responsibility to follow the submission requirements dictated by any third party. We do not work directly with any third-party pharmacies.

Signature of Owner: _____ Date: _____

