

## Welcome to Highlands Veterinary Hospital

We appreciate the opportunity to care for your pet(s). Please complete the entire form.

	Primary Owner/Contact Person	Spouse/Significant Other
Name		
Primary Phone (Home/Mobile)		
Authorize Text/SMS Messaging <small>(Yes or No: Data rates may apply)</small>		
Employer		
Work Phone Number		
Primary Email <small>(For medical communication only)</small>		
Address (Including City, State, & Zip)		
Permission to use pictures online? <small>(Yes or No)</small>		
<b>Alternate Contact</b>	<b>Relationship to Owner(s)</b>	<b>Primary Phone Number</b>

<p><b>How did you hear about us?</b></p> <p>Hospital Sign ___ Billboards ___ Website ___ Internet Search ___ Facebook ___ TV Commercial ___ Yellow/White Pages ___</p> <p>Previous Vet/Referring Individual ___ Whom may we thank for referring you? _____</p>
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**Do you have a doctor preference? Please circle one:**

*Dr. Cindi Costin*

*Dr. Kathleen McCarthy*

*Dr. Anna Odash*

*No preference*

***A deposit is required prior to medical or surgical procedures.***

***Payment is required in full at the time of services.***

For your convenience, we accept cash, Visa, MasterCard, American Express, Discover and Care Credit.

**Checks are only accepted from established clients and with prior approval.**

**Please select primary method of payment:**

CASH \_\_\_\_\_

DEBIT/CREDIT CARD \_\_\_\_\_

CARE CREDIT \_\_\_\_\_

*I understand that I am financially responsible for all charges and am 18 years of age or older. I understand that should I default on payment of my account and collection agency services are required, all costs of collections up to 50% of the balance, including attorney/court costs will be added to the balance of my account.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_