



Client ID \_\_\_\_\_

**1. Client Information**

Client Name \_\_\_\_\_ Secondary Owner \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home or Cell (circle one)

Alternate Phone \_\_\_\_\_ Home or Cell (circle one)

Driver's License # \_\_\_\_\_

Email \_\_\_\_\_

May we send you text msg reminders? Yes  No

May we send you email reminders? Yes  No

I authorize *Heights Veterinary Clinic* to provide and utilize photographs of my pet for promotional and advertising purposes. Including the HVC website, social media, newsletters, advertisements and other publications.

Please check for approval Yes  No

How did you hear about us?

Internet-Website / Drive By / Personal Referral-Name \_\_\_\_\_

**2. Patient Information:**

Patient Name \_\_\_\_\_ Previous Vet \_\_\_\_\_

Dog / Cat / Other Breed \_\_\_\_\_ Male / Female / Spayed / Neutered Color \_\_\_\_\_

Birthdate \_\_\_\_\_ Markings \_\_\_\_\_ Weight \_\_\_\_\_ Microchip \_\_\_\_\_

Vaccine History-Date of Most Recent Vaccine For Rabies \_\_\_\_\_

Canine Influenza \_\_\_\_\_ DHLPP/FVRCP \_\_\_\_\_

Kennel Cough \_\_\_\_\_ FeLV/FIV \_\_\_\_\_

Is Your Pet Currently on Heartworm / Flea Prevention? Yes  No

Type? \_\_\_\_\_

Does Your Pet Have Any Known Allergies? \_\_\_\_\_

Does Your Pet Have Any Known Medical Conditions? \_\_\_\_\_

**Payment Is Due At Time Of Service**

We accept cash, personal checks, American Express, Visa, Mastercard, Discover, Care Credit, and Scratch Pay

\_\_\_\_\_  
*Signature of Pet Owner*

\_\_\_\_\_  
*Date*