

**HIGHT VETERINARY HOSPITAL, PA**  
**NEW CLIENT FORM**

Is this your first visit to our hospital? Y [ ] N [ ]

Have you seen our website [www.hightvet.com](http://www.hightvet.com)? Y [ ] N [ ]; Yellow Pages Ad? Y [ ] N [ ]

How did you hear about us? Sign/Location(1471) [ ] Yellow Pages(1472) [ ] Internet(4993) [ ] Referral [ ]

How did you find our phone number? Sign [ ] Yellow Pages [ ] White Pages [ ] Internet [ ] Other [ ]

If referral, who may we thank? \_\_\_\_\_

Owner's First Name: \_\_\_\_\_ Owner's Last Name \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Co-Owner Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*To protect your privacy, your personal information is for our records only and is not shared, sold or distributed for solicitation.**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Known allergies or Drug Reactions: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

Temperment and/or other Information: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL PETS** (If Applicable)

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Known allergies or Drug Reactions: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

Temperment and/or other Information: \_\_\_\_\_

**Payment is due when services are rendered.** How will you be paying today?

Cash [ ] Check [ ] Visa [ ] Master Card [ ] Debit [ ] Care Credit [ ]

**I authorize Hight Veterinary Hospital, PA to use my pet's picture for website, social media or in-house use.**

**I have read the above and accept financial responsibility for charges incurred:**

\_\_\_\_\_  
Date: \_\_\_\_\_

(Signature)