

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION (Existing Client OR New Client)

Date _____

Primary Owner Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____ Cell Phone # _____

Social Security # _____ Driver's License # _____ E-Mail Address _____

Is it okay to send text message appointment reminders? YES NO / Is it okay to send correspondence via email? YES NO

Under the laws of HIPPA (Heath Insurance Portability and Accountability Act), we cannot disclose any personal information about you or your pet to anyone unless otherwise specified by you. The following individuals are authorized to make health and financial decisions for all my current pets.

Co-Owner's Name _____ Co-owner's Phone _____

Additional Authorized Names: _____

How did you become aware of our clinic? Sign Yellow Pages New Resident Letter Other _____

Personal Recommendation/Previous Client (*Whom may we thank?*) _____

Please indicate choice of payment. Trupanion Pet Insurance Cash Check Visa MasterCard Discover Care Credit

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Due to the Red Flag Rules, we require a matching ID for all credit card and check payments.

PET(S) INFORMATION	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH OR AGE			
COLOR			
SEX; SPAYED OR NEUTERED?			
MICROCHIPPED?			
YOUR DOG'S VACCINATION HISTORY (Last date given):			
RABIES			
DHLP PARVO			
BORDETELLA			
CORONA/LEPTO			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY (Last date given):			
RABIES			
DIST-RHINO (FVRCP)			
Feleuk/FIV Test			
Feleuk Vaccination			
FECAL (STOOL SAMPLE)			

Any previous concerns such as serious illnesses, surgeries, allergies to vaccinations, special diets or medications? _____

As the primary owner of the above animal(s), I am authorized to make decisions pertaining to care and treatment for the aforementioned pet(s). I am at least 18 years of age. I understand that I am responsible for keeping the authorized names list current. I also understand that by signing this agreement I will be held financially responsible to Asheville Highway Animal Hospital for rendering of all services and/or goods.

_____ (signature of primary owner)