

New Client Form

We know your pet's health is important, and we appreciate you for trusting us to care for them. To help us provide the best care possible, please take a few moments to complete this form. Thank you!

Owner Information

Pet Owner Name*

First Name

Last Name

Mobile Number*

Secondary Number

Email*

Address*

Street
Address

City

State

Zip Code

Mailing Address If Different

Street
Address

City

State

Zip Code

Reminder Preferences:

Select all that apply

- Email
- Text Message
- Phone Call
- Mail

Pet Information

Name*

DOB/Age*

Breed*

Color*

Species*

- Dog
 Cat
 Other (describe)

Sex*

- Male
 Female
 Unknown

Spayed/Neutered*

- No Yes

Reason For Visit

1. Is your pet up to date on Vaccinations? If so please provide vaccination certificate.*

- No Yes

2. Any signs of illness today?*

- No Yes

3. If yes please describe.

4. Has your pet had any previous reactions to anesthesia?

- No Yes

*

5. I verify I am the owner or authorized agent for the above named pet.*

- I verify I am the owner or authorized agent for the above named pet.

- I authorize High Prairie Veterinary Services permission to examine, prescribe for, and/or treat my pets.
- I accept the risk inherent in any anesthesia or surgery and release HPVS of any liability associated with the procedure. I further understand that there may be additional, deemed necessary, treatment or expenses upon further examination by and commencement of my pet's treatment plan. If my pet has external or internal parasites, I understand that I will be charged with the cost of removing them.
- I accept responsibility for all charges associated with the care of all the pets on my record. I am aware that these charges must be settled at the time of the pets' release, and I acknowledge that a deposit may be necessary for surgical treatment or hospitalization. Additionally, I understand and agree to a 10% billing charge monthly, as well as the obligation to cover any collection charges including up to 40% for outstanding balances.
- I understand that if I am unable to pay for services or products in full at time of service, I must make prior arrangements to settle my account. Payment is due at time of service.

Authorization

6. By signing below I affirm that I have read and understood everything on the form.

*

Date*