



# HEIGHTS

VETERINARY CLINIC

pet doctors in practice. pet lovers at heart.

Today's Date \_\_\_\_\_

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)

SSN \_\_\_\_\_ Driver's Lic No.\* \_\_\_\_\_

Email \_\_\_\_\_ Would you like email reminders ( y ) ( n )

Client Employer \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? Yellow Pages / Sign / Mail / Personal Referral-Name \_\_\_\_\_

Internet-Website \_\_\_\_\_

*\*Required for check writing privileges.*

## 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 Prevention? Y /N 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, and Care Credit

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

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