



HIGH POINT ANIMAL HOSPITAL

New Client/Patient Information

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

Spouse's Name: _____ Spouse's Phone: _____

How did you hear about us? _____

Hospital Policies

1. Payment is due at time of service. We accept Cash, Visa, MasterCard, Discover, American Express, CareCredit, and personal checks (with a valid Texas driver's license).
2. Written estimates are available upon request. Estimates are made in good faith and the doctors do their best to stay as close as possible to the provided estimate, however unpredictable costs do occasionally occur and will be the responsibility of the client.
3. It is our policy to not release patient medical records/information (other than vaccine history) without the expressed permission of the client.
4. Off label use of medications is common in veterinary medicine. Every effort is made to use veterinary labeled products at recommended guidelines. However, for some cases it is important to use medications or compounded products in an off label fashion as determined by the doctor.

By signing below, I am acknowledging I have read and agree to the above hospital policies and give the doctors and staff of High Point Animal Hospital permission to examine and treat my pet(s).

Signature Date

Pet's Name: _____ Species: _____

Breed: _____ Color: _____

Age/D.O.B. : _____ Sex (Circle): Female Spayed Male Neutered

Is your pet on monthly Heartworm Preventative? NO YES Brand: _____

Is your pet on monthly Flea & Tick Preventative? NO YES Brand: _____

Previous Veterinarian: _____

Has your pet ever had a reaction to any vaccines or medications? (Circle one) NO YES

If yes, please specify: _____

Does your pet have any behavior issues? _____



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New Client/Patient Information

Pet's Name: _____ Species: _____
Breed: _____ Color: _____
Age/D.O.B. : _____ Sex (Circle): Female Spayed Male Neutered
Is your pet on monthly Heartworm Preventative? NO YES Brand: _____
Is your pet on monthly Flea & Tick Preventative? NO YES Brand: _____
Previous Veterinarian: _____
Has your pet ever had a reaction to any vaccines or medications? (Circle one) NO YES
If yes, please specify: _____
Does your pet have any behavior issues? _____

Pet's Name: _____ Species: _____
Breed: _____ Color: _____
Age/D.O.B. : _____ Sex (Circle): Female Spayed Male Neutered
Is your pet on monthly Heartworm Preventative? NO YES Brand: _____
Is your pet on monthly Flea & Tick Preventative? NO YES Brand: _____
Previous Veterinarian: _____
Has your pet ever had a reaction to any vaccines or medications? (Circle one) NO YES
If yes, please specify: _____
Does your pet have any behavior issues? _____

Pet's Name: _____ Species: _____
Breed: _____ Color: _____
Age/D.O.B. : _____ Sex (Circle): Female Spayed Male Neutered
Is your pet on monthly Heartworm Preventative? NO YES Brand: _____
Is your pet on monthly Flea & Tick Preventative? NO YES Brand: _____
Previous Veterinarian: _____
Has your pet ever had a reaction to any vaccines or medications? (Circle one) NO YES
If yes, please specify: _____
Does your pet have any behavior issues? _____