

HIGHLAND HILLS PET HOSPITAL

5592 W. 19th St

Greeley, Co 80634

970 330-3332 / fax 970 330-8883



NEW CLIENT INFORMATION

| | | | |
|-----------------------------------|--|-------------------|--|
| Client's Name | | | |
| Spouse | | | |
| Address | | | |
| City, Zip code | | | |
| Home Phone | | Cell Phone | |
| Drivers License | | Social Security # | |
| Employer | | Work Phone | |
| Email address | | | |
| Emergency Contact Name/Phone # | | | |

How did you hear about us? _____

| Pet's Name | Dog/Cat /Other | Breed | Color | Sex | Spayed/ Neutered | DOB/AGE |
|------------|----------------|-------|-------|-----|------------------|---------|
| 1. | | | | M F | Y N | |
| 2. | | | | M F | Y N | |
| 3. | | | | M F | Y N | |
| 4. | | | | M F | Y N | |
| 5. | | | | M F | Y N | |

I authorize treatment of my pet and acknowledge that payment is due at the time of service.
For balances not paid in full, a 1.5% interest charge per month will be added to your balance along with a \$5.00 re-bill fee. Paying by check requires a driver's license and social security number.

Signature

Date

