



The Highlands Veterinary Hospital
49 Woodport Road, Sparta, NJ 07871

Phone: 973-726-8080 Fax: 973-726-8775 E-mail: info@highlandsvethosp.com
Dr. Carol Ose-Diehl Dr. Beth Auger Dr. Nancy Frantz-Shay Dr. Hamlin Lucena, Jr.

Updated Client Info/New Client Form

Thank you for giving The Highlands Veterinary Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please read and complete the following information (please print clearly and fill out the entire form):

Your Name: _____ Co-Owner's Name: _____ Spouse Other
Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____ Cell phone: _____
Work phone: _____ Co-Owner phone: _____

Please circle the phone # you wish for us to use as your primary contact number.

Email address: _____ Place of employment: _____

Your email address will be linked to your free Pet Portal account, or used to send information directly from us, and will never be sold.

- Do we have your permission to use your and/or your pet's name and photo on the internet? Yes No
Are you eligible for a senior discount? (65 and over) Yes No
Are you eligible for an American Veteran's discount? Yes No
Would you like to be present during treatment to your pet? * Yes No

* Please let us know if any of our procedures may make you uneasy. If you have any questions about a procedure, please feel free to ask us.

Do you have pet insurance? Yes No If so, which insurance company do you use? _____

If you were referred by a friend / relative / neighbor whom may we thank?: _____

Previous veterinary hospital / doctor _____ Phone # _____

Have you brought your pet(s) records? _____ Would you like us to request your pet(s) records? _____

Table with 7 columns: Pet Name, Sex, Species, Breed, Color, Date of Birth, Last Vaccinations. It contains two rows of checkboxes for sex (Intact/Neutered Male/Female) and species (Dog/Cat/Other).

Our Financial Policy: Please note: All fees are due at the time services are rendered.

All routine services must be paid at the time of service. We accept cash, personal checks, all major credit cards, and Care Credit. If your pet is hospitalized, a deposit equal to the Low Subtotal on your estimate will be required before we can begin medical procedures. There is a \$25.00 fee for all returned checks. We appreciate your understanding of this policy.

To the best of my knowledge the above information I have provided is true and correct, furthermore I have read and understand the above financial policy and will adhere to its terms.



The Highlands Veterinary Hospital
 49 Woodport Road, Sparta, NJ 07871

Phone: 973-726-8080 Fax: 973-726-8775 E-mail: info@highlandsvethosp.com
 Dr. Carol Ose-Diehl Dr. Beth Auger Dr. Nancy Frantz-Shay Dr. Hamlin Lucena, Jr.

Signed: _____ Date: _____

2018/2019

FILE# _____

Pet Name	Sex	Species	Breed	Color	Date of Birth	Last Vaccinations
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				