



HIGHLAND POINTE

— ANIMAL HOSPITAL —

Client - Patient Information

Thank you for giving Highland Pointe Animal Hospital an opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Primary (default) client contact:

First name: _____ Last name: _____

Phone number: _____ (please circle: cell/home/work)

Email address: _____

Physical address:

Street: _____ City: _____ State: _____ Zip code: _____

Secondary (emergency) client contact:

First name: _____ Last name: _____

Phone number: _____ (please circle: cell/home/work)

Email address: _____

PATIENT INFORMATION:

Names of All Pets	DOB	Breed (include colors)	Sex	Spayed/Neutered?

Previous veterinary clinic/hospital information so that we can acquire medical records:

Name: _____ Phone number: _____

Website: _____ Email address: _____

How did you hear about Highland Pointe Animal Hospital?

- Referral card
- Mail brochure
- Website
- Personal Recommendation - Whom may we thank? _____
- Other _____
- Location
- AAHA hospital search

Our hospital loves meeting and helping pets! We celebrate this by sometimes posting photos of our patients when they come to see us on our website and/or Facebook page. Please initial whether you approve or do not approve of Highland Pointe Animal Hospital taking photos of your pet(s) for this purpose.

_____ **I approve!**

_____ **I do not approve**

BOARDING/HOSPITALIZATION POLICY:

- To prevent the spread of infectious diseases and parasites, hospitalized, boarded or pets here for grooming must be current on all vaccines (including Bordetella every six months for dogs) and be free of internal and external parasites (fleas and ticks). One of our veterinarians must have examined your pet(s) being boarded or groomed at least annually. I authorize Highland Pointe Animal Hospital to provide vaccines, parasite control, and an annual exam when needed.
- Pets are released only during regular business hours. If I neglect to pick up my pet within 10 days from the time the scheduled boarding or treatment is complete, Highland Pointe Animal Hospital may assume that the pet is abandoned and is hereby authorized to dispose of my pet as appropriate.
- Because boarding can be a stressful experience for some pets, we occasionally find that a boarding pet becomes ill (especially with diarrhea and/or vomiting) or injures itself away from home. This is usually not a serious illness (although on very rare occasions death can result) but it may require medical attention. Should this occur, please be assured that we will provide necessary treatment at your expense.
- If one of our veterinarians feels that sedation is necessary to calm your pet in order to prevent injury and/or address significant anxiety, please be assured that we will provide necessary treatment at your expense.
- If one of our veterinarians feels that tranquilizers or general anesthesia is necessary for treatment or handling of your pet, please be assured that we will provide necessary treatment at your expense.
- If an emergency health situation develops involving your pet, please be assured that we will provide necessary treatment at your expense.
- Highland Pointe Animal Hospital will not be held liable under any circumstances on account of the care, treatment or safekeeping of my pet except for their respective gross negligence. Disputes, other than collection of your receivables, will be resolved through binding arbitration following applicable Texas law.
- Payment for all services rendered will be required when your pet is released.

PAYMENT POLICY:

Payment is required upon rendering of services. Your choice of payment methods are cash, credit card (Visa, Master Card, Discover, American Express), or payment plan via Care Credit or Scratch Pay.

- Deposits or prepayments may be required on surgical, trauma/emergency, and/or hospitalization cases.
- We do not bill/carry open accounts and hope that the above alternatives are convenient.

I have read, understand, and agree to the Highland Pointe Animal Hospital policies.

Owner signature

Date

I authorize Highland Pointe Animal Hospital to treat my pet(s).

Owner signature

Date

To best serve you: If any of your pets ever unexpectedly requires that life-sustaining measures be pursued (CPR: cardiopulmonary resuscitation) in an effort to preserve life, we need to know as a default if you want us to pursue CPR or not. The estimated cost of standard CPR is \$250.00-300.00.

_____ **Perform CPR**

_____ **DNR (do not resuscitate)**

Owner signature

Date