



HIGHLAND PARK
ANIMAL HOSPITAL

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Other Phone _____

E-mail Address _____

D.O.B. _____ Driver's License _____ Referred By _____

Pet's Name _____ Species: CANINE FELINE OTHER

Sex: MALE MALE NEUTERED FEMALE FEMALE SPAYED

Breed _____ Color _____ Date of Birth _____

I understand that full payment is due at the time services are rendered. I also agree to pay interest for unpaid balances, service charges and or other fees if my account is transferred to a collection agency. Highland Park Animal Hospital is a member of KnowTheClients.com. Engagement of services is an acceptance of Highland Park Animal Hospital's terms and conditions. Some correspondence and reminders are sent through the use of text and or e-mail.

Signature: _____ Date: _____