

The Heights Veterinary Clinic Client Information

Client Contact information:

Last Name:	First Name:				
Primary Phone #:	Secondary Phone #				
Address:	City:	Zip Code:			
Email:	How did you Hear about us?				
Patient Information:					
Pet #1					
First Name:	Nickname:				

(Please check one)	Species:	Canine	Feline	Sex: M	1 F	F	Reproductive:	Intact	Spayed/Neutered	
	•									

Breed	Color	Birthday	Age
-------	-------	----------	-----

Up to date on Vaccines?	Yes_	No
-------------------------	------	----

Is there a	hospital we can	contact for you	u to get previous	medical
records?				

Pet #2

First Name:	Nic	kname:	
(Please check one) Species: Canin	neFelineSex: M	FReproductive:	Intact Spayed/Neutered
Breed	Color	Birthday	Age
Up to date on Vaccines?	YesNo	-	
Is there a hospital we can records?	•	• •	cal

Social Media Agreement (Optional): The Height Veterinary Clinic loves to share the adorable faces of our patients on our social media such as Facebook and Instagram. May we share pictures of your pet with our online community? YES____NO____

Signature:

By signing above, you indicate the above information is correct to the best of your knowledge.

Don't forget to download our app on any smartphone or tablet and get connected! <u>The Heights Veterinary Clinic LLC</u>



The Height Veterinary Clinic Client Policy

- Appointments are scheduled for 30-45 minutes so that we may devote ample time to each and every patient. Cancellation of appointments must be 24 hours before the scheduled visit. Two no-show appointments will result in low priority scheduling or drop-off only status.
- Late arrivals will be seen up to 10 minutes after scheduled visit, however, the overall visit may be shortened so that we may stay on schedule as a courtesy to the other clients.
 Late arrivals of greater than 10 minutes will need to be rescheduled unless our schedule can accommodate.
- Our hours of operation are from 8:00 am 6:00 pm Monday-Friday. We have appointment priority scheduling and request you to call to ask about availability before coming to the clinic. We want to make sure we are here when you need us most, as such, we will offer drop off appointments when needed to work patients in between appointments.
- Payment for service is expected at the end of each visit. **We do not offer billing or hold checks.** We accept Cash, Debit, Visa, MasterCard, AmericanExpress, Discover Cards, and CareCredit. Estimates are available and signed for by the client before any procedure or service is performed.
- Prescription refill requests require at least 24-48 hours advance notice so that we may verify authorized refills with the attending Veterinarian. Please be sure to allow plenty of time for prescription refill requests authorization and package transit when utilizing the online pharmacy.
- Our website <u>WWW.Theheightsveterinaryclinic.com</u> is a great resource for medical information and new client forms. In addition, our <u>The Heights Veterinary Clinic LLC</u> allows you to access your pet's important medical information and provides options for you to make an appointment and prescription refill request 24 hours a day, when it is most convenient for you!

By signing below you are authorizing The Heights Veterinary Clinic to provide care for your pet and agree to uphold the above client policies.

Signature	Date:	
-----------	-------	--