

Highland Lakes Veterinary Clinic, PLLC

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Marble Falls, Texas 78654
(830) 693-5438

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PATIENT/CLIENT INFORMATION

**Thank you for giving us the opportunity to care for your pet (s).
Please complete the following to help us become better acquainted.**

Date _____

Owner's Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

Employer's Name & Address _____

Driver's License # _____ State _____ DOB ____/____/____

Spouse/Significant Other _____ E-mail _____

Alternate Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

Employer's Name & Address _____

How did you hear about us? Phone Book Clinic Sign Website Internet Search Referral

Individual; whom may we thank? _____

Do you prefer to receive e-mail or postcard reminders? E-mail Post card

Payment is due in full at the time of services.

We accept cash, local checks, and credit cards: VISA, MasterCard, Discover and we offer Care Credit.

How do you plan to pay for today's services? Circle one: **Cash** **Check** **Credit Card**

Our pledge is to provide the very best care for your pet. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. We will gladly prepare an **Estimate** prior to providing services upon request

Client Signature: _____ **Date:** _____

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PET INFORMATION

Pet Name _____ Breed _____

Color _____ Age/DOB _____ Sex _____ Species _____
Spayed/Neutered _____

Medical Conditions/Concerns _____

Known Allergies _____

History of vaccine reactions Yes No I have brought records today

Microchip No Yes Brand _____

Pet Name _____ Breed _____

Color _____ Age/DOB _____ Sex _____ Species _____
Spayed/Neutered _____

Medical Conditions/Concerns _____

Known Allergies _____

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