

# Highland Lakes Veterinary Clinic, PLLC

1110 HWY 1431 West  
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 \_\_\_\_\_

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