



The Highlands Veterinary Hospital
49 Woodport Road Sparta, NJ 07871

Phone: 973-726-8080 Fax: 973-726-8775
Dr. Carol Ose-Diehl Dr. Beth Auger Dr. Nancy Frantz Shay Dr. Hamlin Lucena Jr.

Update Info/New Client Form

Thank you for giving The Highlands Veterinary Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please read and complete the following information (**please print clearly and fill out the entire form**):

Owner's (YOUR) INFORMATION:

Your Name: _____ Co-Owner's Name: _____ Spouse ☐
Other ☐

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

***Please circle the phone # you wish for us to use as your primary contact number.

E-mail address: _____ Place of employment: _____

***The above e-mail address will be linked to your Pet Portal account.

- Do we have your permission to use your and/or your pet's name and photo on the internet? ☐ Yes ☐ No
- Would you rather have reminders for exam, vaccines & tests emailed or mailed to your home? ☐ E-mail ☐ Home
- Would you like to be present during treatment to your pet? ☐ Yes ☐ No

*Some procedures may involve needles as well as blood, urine, stool and other items that may make some owners feel uneasy. We want to protect your well being, as well as provide the best care possible for your pet. Please let us know if any of our procedures may make you uneasy. If you have any questions about a particular procedure, please feel free to ask us.

How did you become aware of our clinic? ☐ Drove by ☐ FaceBook ☐ Personal recommendation ☐ Website
If you were referred by a friend / relative / neighbor **whom may we thank?**: _____

Previous veterinary hospital / doctor _____ Phone # _____

Have you brought your pet(s) records? _____ Would you like us to request your pet(s) records? _____

Pet Name	Sex	Species	Breed	Color	Date of Birth	Last Vaccinations
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				
	Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>				

Our Financial Policy: Please note: All fees are due at the time services are rendered.

All routine services must be paid at the time of service. We accept cash, personal checks, MasterCard, Visa, ATM/Debit, and Care Credit cards for at least the amount of the fee. In the event that your pet is hospitalized, a deposit equal to the Low Subtotal on your estimate will be required before we can begin medical procedures. There is a \$25.00 fee for all returned checks. We appreciate your understanding of this policy.

To the best of my knowledge the above information I have provided is true and correct, furthermore I have read and understand the above financial policy and will adhere to its terms.



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Signed: _____ Date: _____

2017