Office Use Only
CID _____
CSR _____

Arrival Time:_____am/pm

Owner's Name: _____ Owner's Date of Birth: _____/_____/_____

Spouse/Significant Other/Relative Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Spouse Cell: _____

E-Mail Address: _____ Preferred Contact: Home Cell Text Email

Driver's License: _____ State: _____

Regular Vet Clinic: _____ Can we fax records to regular vet? YES NO

Pet's Name: _____ Pet's Age: _____

Please Circle: Dog Cat Other: _____

Please Circle: Male (Intact) Male (Neutered) Female (Intact) Female (Spayed)

Breed: _____ Color: _____

Presenting problem / symptoms: _____

Payment: Cash Check (In State Only) MC/Visa/ Debit AmEx Apply for Care Credit

I hereby authorize the attending veterinarian to examine, prescribe for, treat and/or operate on the above described pet. Staff of the Pet Care Clinic of the High Country shall not be held liable or responsible for the outcome of cases and cannot guarantee a successful outcome for the pet's recovery. I assume responsibility for all charges incurred in the care of the pet and understand that all professional fees are due at the time services are rendered. A non-refundable deposit will be required for all hospitalized patients. **I certify that I have read and fully understand this authorization for medical and/or surgical treatment.**

Signed: _____ Date: _____

PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED

Pet Care Clinic of the High Country 1614 NC Hwy 105 Boone, NC 28607
(P)828-268-1159 (F)828-266-7222