

Veterinary Associates, PC, dba HIGHLAND ANIMAL CLINIC
11650 Old Seward Highway, Anchorage, AK 99515 Phone: (907) 344-0561

Today's Date _____

Owner's Name: (Last) _____ (First) _____

Preferred Contact Phone # _____ Alternate Phone # _____

E-Mail address: _____ Would You Like E-Mail Reminders? _____

USPS Mailing Address: _____ Zip _____

Physical Address: _____ Zip _____

Employer: _____ Work Phone: _____ Driver's License: _____

Spouse's Name: (Last) _____ (First) _____

Spouse's Employer _____ Cell or Work Phone # _____

Alternate Emergency contact: _____ Phone: _____

How did you hear about us? _____ Location _____

Yellow Pages _____ Another Clinic _____ Internet _____ Other _____

Pet's Name _____ DOB/Age _____ Dog _____ Cat _____

Breed _____ Color _____

Male _____ Neutered _____ Female _____ Spayed _____ Micro Chipped: Yes / No / Not Sure

Previous Veterinarian, if any _____ Phone _____

Previous records and vaccination history _____ Has your pet ever lived/traveled outside of Alaska _____

Please list any allergies or drug sensitivities that your pet may have: _____

Is your pet on any medications at this time? _____ Name of medication: _____

Dosage: _____

Certificate of current Rabies vaccination is required prior to any treatments.

Authorization:

I am the owner of the above animal or am responsible for it and have the authority to execute this consent.

I hereby authorize treatment of this animal and performance of such surgical or therapeutic procedures as you determine to be indicated and the use of such anesthetics as you deem advisable and necessary.

It is also agreed that accounts over 30 days old are considered past due and are subject to an administrative fee of \$6.00 on the 31st day, and on each 30 days past that. In addition, the costs of collection, including reasonable attorney's fees, will be paid by the undersigned. I realize that I am responsible for this animal and that payment in full is due at the time of discharge.

If I neglect to pick up the animal within five (5) days of written notice, sent to the above address, my pet will be considered abandoned. In cases of abandonment, Highland Animal Clinic will have authorization to dispose of the pet as we see fit. *Abandonment does not release me from my obligation to pay for all charges involved.*

Highland Animal Clinic accepts: Cash / Local Check / MasterCard / Visa / Care Credit

Owner Signature _____ Date _____

Printed Name _____