

Highland Veterinary Clinic, 578 West Market St. Akron, OH 44303

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Owner \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Your Work Phone \_\_\_\_\_ Spouse/Other Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Spouse/Other \_\_\_\_\_

How did you hear of our clinic?

Clinic Sign          Yellow Pages          Newspaper          Internet  
Referred by: \_\_\_\_\_ (optional)

Pet's Name \_\_\_\_\_ Dog   Cat   Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Male   Female          Neutered or Spayed

How long have you owned your pet? \_\_\_\_\_ years   \_\_\_\_\_ months

Date of DOG'S last:

Distemper Vaccine \_\_\_\_\_

Rabies Vaccine-1yr   3yr \_\_\_\_\_

Bordetella vaccine \_\_\_\_\_

Fecal Test \_\_\_\_\_

Heartworm test \_\_\_\_\_

Date of CAT'S last:

Distemper Vaccine \_\_\_\_\_

Rabies Vaccine-1yr   3yr \_\_\_\_\_

Leukemia Vaccine \_\_\_\_\_

Fecal Test \_\_\_\_\_

FIV/Leukemia test \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Is your pet on any medication &/or heartworm or flea prevention   Yes   No

If so please list \_\_\_\_\_

**FEES ARE DUE AT TIME OF VISIT. PAYMENT CAN BE MADE WITH CASH, CHECK, VISA, MASTERCARD OR DISCOVER.**

How will you be paying today?          Cash   Check   Visa   MC   Discover

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_