



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 (if different): _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Spouse Cell: _____

E-Mail Address: _____ Preferred: 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: _____

I hereby authorize the attending emergency veterinarian to examine, prescribe for, treat and/or operate on the above described pet. Staff of Pet Care Clinic of the High Country shall not be held liable or responsible for the outcome of emergency cases and cannot guarantee a successful outcome for the animal's recovery. I assume responsibility for all charges incurred in the care of the animal 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: Cash Check MC/Visa/ AmEx Apply for
(In State Only) Debit Care Credit

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