



Locally Owned & Operated Since 1968

HILTON HEAD VETERINARY CLINICS

- The Best Care For Your Best Friend -

www.HiltonHeadPet.com

Island Visitor Form

Owner's Name _____ Spouse's/Partner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Spouse's Cell Phone (_____) _____

How Did You Hear About Us? _____

Are You Interested In Receiving News/Updates/Specials By Email? _____ YES _____ NO

Pet's Name _____ Species _____ Breed _____ Color _____ DOB _____ Sex _____ Spayed/Neutered _____

_____ dog/cat _____ M/F Y / N

_____ dog/cat _____ M/F Y / N

Is your pet currently on monthly heartworm prevention? Y / N Flea/tick prevention? Y / N

Please list any other medications your pet is currently taking: _____

Reason for today's visit: _____

Please list any other current or chronic health problems your pet has been diagnosed with: _____

We are UNABLE to accept out of town CHECKS. We apologize for any inconvenience.

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinics to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the release of any information concerning my pet's health and veterinary care to other parties working with and/or in the treatment of my pets. I accept full financial responsibility for all services rendered and understand that payment is due at the time of service. Should I not pay the balance in full, I agree to pay interest on the remaining balance in the amount of 18% interest per annum. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

Signature of Owner / Guardian / Agent Date (_____) _____
Daytime Phone Number

Today's Weight: _____ Physical Exam Findings/Assessment/Treatment Plan _____
