HIGH WATER
VETERINARY SERVICES, LLC

2026 Client/Patient Form
P.O. Box 693
Norwalk, Ohio 44857
(419) 577-9060
HighWaterVet@gmail.com

Owner's Name_____ E-mail_____
Second Person's Name_____ Secondary E-mail_____
Driver's License # (required)_____ Owner DOB_____
Home Address_____
City_____ State_____ Zip_____ County_____
Primary Phone # (Specify Land-line or Cell)_____
Secondary Phone # (Specify Land-Line or Cell)_____
Secondary Person's Phone #_____

Pet Name_____
Species_____
Breed_____
Sex_____ Altered_____
Color_____ DOB/Age_____

Pet Name_____
Species _____
Breed_____
Sex_____ Altered_____
Color_____ DOB/Age_____

Pet Name_____
Species_____
Breed_____
Sex_____ Altered_____
Color_____ DOB/Age_____

Pets Name_____
Species _____
Breed_____
Sex_____ Altered_____
Color_____ DOB/Age_____

Appointment Cancelation Policy
If you miss an appointment or fail to cancel without 48 hours advanced notice of your appointment time, a $90 fee will be applied to your account. _____(Initial)

Authorizing Treatment
I hereby authorize the doctors at High Water Veterinary Services to perform veterinary services on my pet(s). Should unexpected life-saving emergency care be required, and my attending veterinarian is unable to reach me or my agent, I hereby give my permission to provide such treatment and I agree to pay for such care. I understand that I am encouraged to discuss all fees related to such care before services are rendered and during my animal's ongoing medical treatment.

I understand that payment is due when services are rendered, unless a credit card is on file with the office. I understand that credit will only be extended with the submission of a credit card number, which I agree will be charged if payment in full is not received by High Water Veterinary Services within 30 days of service being given. In the event of an overdue balance, I agree to pay a monthly billing and financing fee equal to 2% of the unpaid balance or $5.00, whichever is greater. If legal action is necessary to collect unpaid invoices, I agree that all costs of collection will be charged to me. I understand that my first visit must be paid for at the time of service.

Signature: _____ Date: _____
An adult over 18 years of age must sign this form as the person financially responsible for the patient.

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Credit Card Authorization

MasterCard Visa Discover Amex Care Credit

(Circle one)

Expiration Date:_____. Verification Code (3-4 digit code) _____

Name On Card: _____

Is billing address same as your home address? Yes ____No_____(If no please provide billing address)

Billing Address:

_____

_____

☐ Please automatically charge my credit card for all charges incurred for each invoice.

☐ Please send my statement by EMAIL. I authorize you to charge my credit card if you have not received my payment by check by the 25th of the month the statement was generated.

☐ For payment at my first visit I would like to use:

☐ Credit card ☐ Check ☐ Cash ☐ PayPal ☐ Care Credit

I understand that credit will only be extended by High Water Veterinary Services with the submission of a credit card number, which I agree will be charged if payment in full by check or cash is not received by High Water Veterinary Services within 30 days of service being given.

Signature: _____ Date: _____