



John M. Higdon, DVM
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New Client Information

Date: _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Driver's License #: _____ Email: _____

Employer: _____ Work # _____

Animal Information

Name **Species** **Sex** **Age**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(use back for additional animals)

General information:

Our goal is to provide you and your animal(s) with high quality veterinary care. We encourage dialogue with our clients as a means of education in the management of their animal(s). Phone hours are available for direct consultation with the veterinarians.

Scheduling:

We encourage you to contact us as soon as possible to schedule appointments. We understand that emergencies occur and will do our best to accommodate emergencies in a prompt manner.

Payment terms:

Payment is due at the time of service. We accept cash, check, and all major credit cards. Higdon Large Animal Services does not provide payment plans. Emergency/after hours will be assessed an emergency fee. Returned checks will result in a \$35.00 returned check fee and 1.5% interest rate per month that account balance is not paid in full.

Higdon Large Animal Services reserves the right to withhold all testing results, including but not limited to, Coggin's certificates, certificates of veterinary inspection, and blood chemistries if an account balance is not paid in full.

Treatment authorization:

I authorize the veterinarian to examine, prescribe for, or treat my animals. I assume full responsibility for all charges incurred in the care of my animals

Client Statement: I have read and understand the payment terms described above and agree to abide by them.

X _____