

CLIENT ID#

WELCOME

HARBOR ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely. Thank you!

TODAY'S DATE _____

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

EMPLOYER'S NAME, ADDRESS & PHONE _____

SPOUSE/OTHER'S EMPLOYER'S NAME, ADDRESS & PHONE _____

IN CASE OF **EMERGENCY**, PLEASE CONTACT _____ PHONE _____

HOW DID YOU HEAR ABOUT **HARBOR ANIMAL HOSPITAL**? _____

REFERRED BY, WE WOULD LIKE TO THANK _____

1. PET'S NAME _____ DATE OF BIRTH _____ TYPE: DOG _____ CAT _____ OTHER _____

MALE _____ NEUTERED _____ FEMALE _____ SPAYED _____ BREED _____ COLOR _____

VACCINATION HISTORY _____

CURRENT MEDICATIONS, IF ANY _____

DOES YOUR PET HAVE A MICROCHIP OR TATTOO? NO _____ YES _____ NUMBER _____

2. PET'S NAME _____ DATE OF BIRTH _____ TYPE: DOG _____ CAT _____ OTHER _____

MALE _____ NEUTERED _____ FEMALE _____ SPAYED _____ BREED _____ COLOR _____

VACCINATION HISTORY _____

CURRENT MEDICATIONS, IF ANY _____

DOES YOUR PET HAVE A MICROCHIP OR TATTOO? NO _____ YES _____ NUMBER _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat any of my pets. I assume responsibility for all charges incurred in the care of this (these) animals. I also understand the charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payment: Cash _____ Check _____ Debit _____ Visa _____ Mastercard _____ Discover _____ Other _____

DRIVERS LICENSE

State _____ License Number _____ Expiration Date _____

Date Of Birth _____ Confirmed by Employee _____