



# NEW CLIENT / PATIENT INFORMATION

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

How did you find our hospital? (circle one) GOOGLE YELP YP SIGN MAILER REFERRED WEBSITE VET.COM OTHER

Whom may we thank for referring you? \_\_\_\_\_

I grant to Harbor Animal Hospital, Inc., its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Harbor Animal Hospital, Inc. may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos of me and/or my pet

The above may NOT take photos of me and/or my pet

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Color/Description \_\_\_\_\_ Microchip # \_\_\_\_\_

(circle one) Neutered (male) Spayed (Female) Birth Date \_\_\_\_\_ Date of last vaccination \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Color/Description \_\_\_\_\_ Microchip # \_\_\_\_\_

(circle one) Neutered (male) Spayed (Female) Birth Date \_\_\_\_\_ Date of last vaccination \_\_\_\_\_

Any important medical history/pre-existing health conditions? \_\_\_\_\_

Pet Insurance? Company \_\_\_\_\_ Policy# \_\_\_\_\_

Previous Pet Hospital Name \_\_\_\_\_ May we call for records?  Yes  No

Has your pet shown any signs of fear or aggression towards people or other pets in a veterinary hospital setting? \_\_\_\_\_

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED**

**PLEASE CIRCLE YOUR METHOD OF PAYMENT**

Cash Debit VISA MasterCard American Express Discover Card Care Credit

Birth Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Printed name of owner \_\_\_\_\_