

WELCOME to the HHP Family

Thank you for giving us the opportunity to care for your pet. To help us provide the highest level of care, please take a few moments to fill out the information below as accurately as possible.

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____

Street

City

State

Zip Code

Cell #: _____ Email Address: _____

Work #: _____ Spouse's Cell #: _____

Home #: _____ Spouse's Home #: _____

The best way to contact me is by calling my: Home # Work # Cell #

PATIENT INFORMATION

Name: _____ Species: Canine Feline

DOB: _____ Gender: Male Female

BREED _____ COLOR _____ Is your pet spayed or neutered? _____

MEDICAL HISTORY

Previous Veterinary Clinic (May we call for records?)

Canine Vaccines and Dates Given:

Rabies: _____ DA2PPV (Canine Distemper): _____

Bordetella: _____

Leptospirosis: _____

Other: _____

Feline Vaccines and Dates Given:

Rabies: _____ FVRCP (Feline Distemper): _____

FeLV (Feline Leukemia): _____ Other: _____

Please list any additional medical or surgical information (including medication and supplements) that we should be made aware of: _____

How did you hear about Harmony Hospital for Pets? (circle one)

Website Sign Doctor Referral Recommendation Newspaper Internet Facebook

If a recommendation, whom may we thank?

SOCIAL MEDIA RELEASE –Can we post your pet's picture on Facebook and welcome them as a new patient?

I hereby grant Harmony Hospital for Pets permission to post my pet's picture, story, and medical information on social media. YES _____ NO _____ (please initial).

If yes, please provide an email address so we may notify you of any postings: _____

MEDICAL AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe, and treat the above described animal. I assume responsibilities for all charges incurred during the care of my pet, and understand that these charges will be paid in full at the time services are rendered. I also understand a deposit may be required for any surgical or emergency treatment.

Signature of Owner:

Date:
