



# 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 fill out this for in its entirety.

## CLIENT INFORMATION

Name:		Preferred Pronoun:		
Home Address:		City:		
		State:	Zip Code:	
Cell Phone:		Work Phone:		
Home Phone:		Email (Required):		
Harmony Hospital for Pets uses email as a secondary form of communication. We will not sell or give your contact information to ANY 3rd party entity. Things you may receive via email include, but are not limited to; invoices, medical recommendations, records, etc.				
Best Method of Contact:				

## ADDITIONAL AUTHORIZED CONTACT – Authorized to make financial/treatment decisions on your behalf.

Name:		Preferred Pronoun:		
Cell Phone:		Work Phone:		
Home Phone:		Email:		
Best Method of Contact:				

## PET INFORMATION

Pet's Name:		Canine or Feline:		
Date of Birth:		Breed:		
Gender:		Color:		
Spayed or Neutered:				
Current Medications:				
Major Medical Conditions:				
Prior Veterinary Hospital:		May we contact them to obtain records?		

\_\_\_\_\_ I authorize the use of photos of the above pet and/or myself on social media accounts that Wellhaven Pet Health Harmony Hospital for Pets is in control of including but not limited to Facebook and Instagram. I understand and acknowledge that once posted on social media, photos of my pet may be subject to further distribution by third-parties not under the control of Harmony Hospital for Pets. I understand that it may be necessary, and hereby consent, to any reasonable modifications and editing of my pet's image as is necessary for the intended use. I relinquish all rights, title, copyright, and any other interests in any photos used in connection with this Authorization Form.

\_\_\_\_\_ I do NOT authorize Wellhaven Pet Health Harmony Hospital for Pets or any of their affiliates to use photos and/or general medical information of my pet on any social media accounts.

By signing below, I certify that I am the owner of, or otherwise the agent for the owner of, the above mentioned pet and I have full authority to make decisions concerning the care of said pet. I confirm that I am at least 18 years of age. I authorize the veterinarian to examine, prescribe, and treat the above described animal. I assume responsibility 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: \_\_\_\_\_ Date: \_\_\_\_\_