



Harbor Animal Hospital Registration Form



Client Information

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Employer Name: _____ Work # _____

Email for appointment reminders: _____

Driver's License # _____ (required) State of License _____

Name and phone number of the Person to contact in case of an *EMERGENCY*:

Does anyone in the household have a suppressed immune system? _____

Patient Information

Pet's Name: _____

Sex: *Neutered Male* *Intact Male* *Spayed Female* *Intact Female*

Approx. Date of Birth: _____ OR Approx. Age: _____

Species: *Dog* *Cat* *Other:* _____

Breed: _____ Color: _____

List of medications this pet is currently on: _____

Reason for visit: _____

Previous Veterinarian(s) where past records can be obtained: _____

Individual we may thank for referral? _____

Social Media Permission: I allow Harbor Animal Hospital to take photographs/videos of my pet to post on Harbor Animal Hospital's social media pages. _____ Accept _____ Decline

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

*All returned checks will be charged a \$25.00 insufficient funds bank fee. Any account left unpaid will be sent to collections and charged an additional collection fee of 33 1/3%.

Signature: _____ Date: _____