

Welcome to Safe Harbor Animal Hospital

We thank you for entrusting us with the health and well-being of your pets and we look forward to serving you.

Owner Information

Today's Date: ____ - ____ - 2013

CID: _____ (Internal Use Only)

Owner's Name: _____

Additional Guardian: _____



Mailing Address: _____



Physical Address: _____

☐ check if same

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

e-mail (optional) _____

Where did you hear about us? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my animal. I assume responsibility for all charges incurred for the care of this animal(s). **I understand that these charges will be due in full at the time of service** and that a deposit may be required for certain surgical or medical procedures.

A cost estimate will be provided for all animals admitted into the hospital as in-patient.

There will be a \$25.00 service fee for returned checks!! No held checks accepted.

Method of payment: ☐ Cash ☐ Check ☐ MasterCard / Visa ☐ CareCredit
☐ Other (please specify) _____

WE DO NOT ACCEPT AMERICAN EXPRESS CREDIT CARDS

Driver's License **if paying with check:** State _____ Number _____

Signature of Owner _____

Today's Date: ____ - ____ 2013

New Patient Information

CID: _____
PID: _____
(Internal Use Only)

Pet's Name _____ ☐ Dog ☐ Cat Other _____

Gender : ☐ Male ☐ Neutered? ☐ Female ☐ Spayed?

Breed _____ Color(s) _____

Date of Birth, if known: ____/____/____ or approximate Age _____

Microchip Number _____ Known Allergies _____

Vaccine History _____

Reason For Today's Visit: _____

Other information you'd like us to know about your pet: _____



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