

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: ____ - ____ - 2019

CID: _____ (Internal Use Only)

Owner's Name: _____

Additional Guardian: _____



Mailing Address: _____



Physical Address: _____

☐ check if same

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Place of employment _____

Work 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.

Method of payment: ☐ Cash ☐ MasterCard / Visa ☐ CareCredit
☐ Debit ☐ Discover ☐ Gift certificate

WE DO NOT ACCEPT AMERICAN EXPRESS CREDIT CARDS OR CHECKS

Signature of Owner _____

Today's Date: ____ - ____ 2019

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 _____

Prior Veterinarian(s) & Vaccine History _____

_____ May we request records: Yes / No

Reason For Today's Visit: _____

What prescriptions is your pet currently taking? Any supplements? : _____

Do you feed your pet: ☐ Dry ☐ Canned ☐ Both ☐ Other

What do you feed your pet (Brand? Flavor? Any dietary restrictions?): _____

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

