

# 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)
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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(s). I assume responsibility for all charges incurred for the care of this/these animal(s). I

**understand that these charges will be due in full at the time of service** and that prepayment may be required for certain surgical or medical procedures. I am the legal guardian/owner of this/these animal(s) or have permission from the legal guardian/owner of this/these animal(s) to have this/these animal(s) treated. I am at least 18 years of age.

(Note: Clients under 18 years of age will need to have a legal guardian present and the legal guardian will need to sign the paperwork and authorize treatments.)

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

Select Method(s) 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? Flea / tick / heartworm prevention?

What brand and how often? \_\_\_\_\_

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: \_\_\_\_\_



## Reminding

We can send you reminders by text, e-mail, or phone (for example: appointment reminders, vaccine reminders, to let you know a special order is here, etc.) Please **circle** which you would like to receive (**can select yes for all if you like**).

Please also notate the preferred contact number and e-mail address.

### Text

Yes / No

### E-mail

Yes / No

### Phone

Yes / No

Preferred Contact # /  
E-mail address  
(if different than written  
on paperwork)