



# Harmony Animal Wellness Center

## New Client Form

Client # (for office use) \_\_\_\_\_

### Owner Information

Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell \_\_\_\_\_ Partner/ Spouse # \_\_\_\_\_

E-mail \_\_\_\_\_

*(by providing your email address you consent to receive information from us electronically. We agree not to share this information.)*

Place of Employment / Occupation \_\_\_\_\_ Work # \_\_\_\_\_

### Patient Information (space for additional pets on next page)

Name \_\_\_\_\_ Cat  Dog  Sex \_\_\_\_ Spayed or Neutered (y/n)? \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age or Date of Birth \_\_\_\_\_

Who (what clinic) may we call for your pet's medical history? \_\_\_\_\_

Name \_\_\_\_\_ Cat  Dog  Sex \_\_\_\_ Spayed or Neutered (y/n)? \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age or Date of Birth \_\_\_\_\_

Who (what clinic) may we call for your pet's medical history? \_\_\_\_\_

How did you become aware of our clinic? Sign  Yellow Pages  Other Ad  Coupon  LeTip

Facebook  Angie's List  LinkedIn  Google Search  Bing Search  Yahoo Search  Yelp

Referral  (Whom may we thank?) \_\_\_\_\_ I am a previous client

I prefer to receive email reminders  I would like to receive newsletters

### Please Read Carefully and Sign

I confirm that I am the legal owner of all animals on this form and/or am authorized to make medical decisions regarding said animals. I understand that payment is expected at the time of service and I accept full financial responsibility, including \$25 for any returned checks. All past due accounts will be charged a \$15 fee for every 30 days past due. I give permission for my pets' records to be faxed to any veterinarian requesting records to facilitate treatment.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

