



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

