HARRIS HILL
ANIMAL HOSPITAL
EXCEPTIONAL PETS • EXTRAORDINARY CARE

CLIENT INFORMATION

Owner name: _____ Spouse name:_____

Address: _____ City: _____ Zip code: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Email: _____ Preferred method of contact? Cell/Home/Work/Text/Email_____

PET INFORMATION

#1Pet Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Sex: *M* *F* *F/Spayed* *M/Neutered* Does he/she have a Microchip? Yes/No

#2Pet Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Sex: *M* *F* *F/Spayed* *M/Neutered* Does he/she have a microchip? Yes/No

Has your pet been to another veterinarian? Yes No Name of Veterinarian or Hospital: _____

What medications/supplements is your pet receiving? _____

_____

REFERRED?

We will put a credit on your account whenever you recommend family/friends to our hospital.
Were we recommended to you by another client? Yes No

If yes, who may we thank? _____

SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos, about your pet.
Do you wish your pet to participate on our social media sites? Yes No

PAYMENT POLICY

We accept cash, MasterCard, VISA, Discover, American Express, Wells Fargo and Care Credit (with proper ID). Payment is expected when pet is picked up. We will gladly prepare you a written estimate of services if you desire. In case of non-payment a finance charge or interest and collections fees will apply.

Signature: _____ Date: _____