

## New Client Information

Welcome to Harmony Animal Hospital! Please tell us about yourself and your pets.

### Client Information

Name: \_\_\_\_\_

Additional Family Members to be listed on your account: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

How did you find us? \_\_\_\_\_

Do you currently have pet insurance? Yes No

Have you read any client reviews of their experience here? Yes No Where? \_\_\_\_\_

May we share any reviews you wish to write on our website or in printed materials? Yes No

May we use images of your pet on our website, other internet sites, or on printed materials? Yes No

**We invite you to visit us on Facebook & visit our website for information, news, & read client testimonials!**

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### Pet Information

Name: \_\_\_\_\_ Species: Cat Dog

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: Male Female Spay/Neutered: Yes No

Known Allergies or ongoing Health concerns: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

### Pet Information

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Current Medications: \_\_\_\_\_