

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: ____ - ____ - 2024

CID: _____ (Internal Use Only)

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: ____ - ____ 2024

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**).

	Text	E-mail	Phone
Preferred Contact #	Yes / No	Yes / No	Yes / No
__ Home __ Cell			

For reminding purposes, are you establishing primary care here for this pet, or is this expected to be a one-time visit (For example: just visiting area, etc.). **Please select one of the following:**

__ Establishing primary care for this pet __ One time visit for this pet