

# Welcome to Harvest Hills

Thank you for entrusting us with your pets health. We strive to provide the best care possible to ensure your pet lives a long and happy life.

## Owner Information

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Secondary Phone: \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

DL#: \_\_\_\_\_ Your DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ Species: DOG ☐ CAT ☐ OTHER \_\_\_\_\_

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

Sex: F ☐ M ☐ Spayed Female ☐ Neutered Male ☐

                     **All fees are due at the time services are rendered**                     

I, the owner or authorized agent, certify that the above information is correct. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I will be financially responsible for all charges incurred in the care of this animal at Harvest Hills Veterinary Hospital. There will be a finance charge added to any outstanding balance each month. There is a \$25 fee for all returned checks and any unpaid checks will be turned over to the District Attorney. If any balance is left unpaid for over 90 days, the account will be turned over to a collection agency and a 50% collection charge will be added to the balance. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment or boarding.

**Signature of owner/agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_