



Thank you for choosing Hill & Harbour Veterinary Center to care for your pet!

Owner information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: () _____ Primary contact (Circle one): home / mobile / work

Phone #2: () _____ (Circle one): home / mobile / work / other _____

Phone #3: () _____ (Circle one): home / mobile / work / other _____

Email: _____

For check writing privileges please provide:

Driver's License Number: _____ State Issued: _____ Date of Birth: _____

Please let us know how you heard of us (circle one): Website / Social Media /
Internet search / Local business / Other _____

Is there a personal referral whom we may thank? I was referred by: _____

Patient Information:

Patient Name: _____

Male / Male Neutered / Female / Female Spayed
(Circle one)

Breed: _____

Color: _____

Date of Birth: _____

Patient Name: _____

Male / Male Neutered / Female / Female Spayed
(Circle one)

Breed: _____

Color: _____

Date of Birth: _____

Previous veterinarian(s) from which records can be obtained: _____

I permit Hill & Harbour Veterinary Center to post pictures of our experience on social media such as Twitter and Facebook. Confidential information will **never** be shared with anyone.

Yes No

I would like to sign up for Hill & Harbour Rewards at zero cost and earn 3% back on all products and services purchased at Hill & Harbour Veterinary Center.

Yes No

I verify that all information provided is correct. I understand that full payment will be required on the day that services are provided and a deposit may be requested.

(Owner/Agent) _____ (Date) _____