



HARBORSIDE ANIMAL HOSPITAL

New Client & Patient Information

Owner Information:

Last Name: _____ First Name: _____

Street Address: _____ Apt/Condo # _____

City: _____ State: _____ Zip code: _____

Phone number(s): Home: (____) _____ Work: (____) _____

Cell: (____) _____ Other: (____) _____

Email address: _____

Preferred methods of contact (select all that apply):

Email ___ Home Phone ___ Cell Phone: _____

Additional Contact/Co-Owner:

Last name: _____ First Name: _____

Relation: _____ Phone number: (____) _____

Patient Information (1st pet):

Pet's name: _____ Age or Birthdate: _____

Species: _____ Breed: _____ Color: _____

Known allergies: Y / N _____

Circle one: Male, neutered Male, Intact Female, spayed Female, intact

Today's weight: _____

I am interested in my pet having: Nail Trim ___ Microchip ___

Patient Information (2nd pet):

Pet's name: _____ Age or Birthdate: _____

Species: _____ Breed: _____ Color: _____

Known allergies: Y / N _____

Circle one: Male, neutered Male, Intact Female, spayed Female, intact

Today's weight: _____

I am interested in my pet having: Nail Trim _____ Microchip _____

How did you hear about us ? _____

Photo Release Authorization:

I grant to Harborside Animal Hospital, its representatives and employees, the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Harborside Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pet(s)
- The above may take photos of my pet(s) for his/her profile only
- The above may NOT take photos of me and/or my pet(s)

Payment Authorization:

By signing below I understand payment is required in full on the same date that services are rendered. In the event that payment by check is returned, a returned check fee will be assessed. The amount of the returned check fee will be the maximum allowable by law. In the event that I do not pay my invoice on the same date that services are rendered, I understand that additional fees including late fees (1.5% interest charge per month) and collection agency fees (40% added onto outstanding balance) will be added to the amount owed. In the event it becomes necessary for Harborside Animal Hospital to seek legal means to collect payment, I understand that I will be liable for all expenses incurred by Harborside Animal Hospital such as labor costs, processing fees, and all reasonable attorney fees (including hourly charges for paralegals and other staff members operating under the supervision of an attorney, whether at trial or appeal) incurred, whether or not litigation is filed, as well as attorney fees on appeal, travel expenses, deposition costs, expert witness expenses and fees, and any other costs of whatever nature and reason necessarily incurred by Harborside Animal Hospital to the prosecution or defense of any action arising from or related to the subject matter of this Estimate, plus costs in all proceedings, trials and appeals.

I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination, or treatment recommended by the Harborside Animal Hospital veterinarian before it is performed.

Pet Drop-off Agreement:

If your pet is not picked up by the end of the day that he or she is dropped off, boarding charges will apply. After 2 days of attempting to contact you and all authorized contacts on file and not receiving any response, your pet will be considered abandoned and will be relinquished to Pinellas County Animal Services.

Printed Name: _____

Signature: _____ Date: _____