



## Harbourview Animal Hospital NEW CLIENT FORM

Welcome to Harbourview Animal Hospital,  
To serve you better, please provide us with the following information:

Today's Date: \_\_\_\_\_

Owner's Name (s): Ms. / Mrs. / Mr. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

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

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

Your email address will only be used for vaccine reminders for your pets and/or to receive our quarterly newsletter. Both of which you may opt out of anytime.

Please check if you would prefer a mailed out reminder for vaccines.

**Check this box if you would like to receive our quarterly email newsletter.**

Would you like us to request your pet's previous veterinary records Yes / No

If yes, what was the Hospital's name? \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

Species (please circle one): Dog Cat Other \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year)

Sex (please circle one) : Neutered Male Spayed Female Intact Male Intact Female

Description (eg. grey/white long haired) \_\_\_\_\_

Please tell us how you heard of us? \_\_\_\_\_