



2449 Harrisburg Pike Lancaster, PA 17601  
Tel: 717.892.7337 Fax: 717.892.0314

## New Client Form

### Owner's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Spouse or Co-owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Referred By: \_\_\_\_\_

(We would like to thank whoever referred you to us with a \$10.00 credit!)

Driver's License or Social Security Number: \_\_\_\_\_

### Pet Information

Pet('s) name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Gender: \_\_\_\_\_

If Male: Neutered? YES or NO

If Female: Spayed? YES or NO

### Medical Records

Please list the name and phone number of where your previous medical records can be obtained.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Photo Release Consent

I, \_\_\_\_\_ grant Harrisburg Pike Animal Hospital and its' employees the right to take photographs of me and/or my pet and to copyright, use, and publish in print or electronically.

Signature \_\_\_\_\_ Date \_\_\_\_\_