



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 _____