



Harmony Veterinary Clinic

1823 Amsterdam Rd. Ballston Spa, NY, 12020
(518) 885-5535 clinic@harmonyvetclinic.com

Client Name _____ Pronoun: _____

Address _____ State: _____

City: _____ Zip code: _____

Driver's License Number (only needed if writing checks): _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

How would you like reminders sent? (Select all that apply):

Phone Call Text Email Postcard

Co-Owner/Spouse: _____

Pronoun: _____ Cell Phone #: _____

Additional Contact: _____ Cell Phone #: _____

Pet Information:

Patient Name: _____ Species: _____

Breed: _____ Color: _____

DOB: _____ Gender: Female Male Spayed/Neutered: _____

Current Medications _____

*By signing this form, I attest that I am the sole owner of the pet(s) under my name or, if there are co-owners, that I have permission to make all the medical decisions with regard to the pet(s). I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional fees are due at the time service is rendered.

I understand that Harmony Veterinary Clinic and its employees cannot enter into disputes of ownership, and I will not involve them in any such matters:

Signature of client responsible for pet(s)

Date