

**New Client & Patient Information**

**Owner Information:**

Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Apt/Condo # \_\_\_\_\_\_\_   
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_

Phone number(s): Home: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_   
Work: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Contact/Co-Owner:**

Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*The person(s) mentioned above are authorized to make financial and medical decisions on my behalf. \_\_\_\_\_\_\_\_\_ (Initials)\*\**

**How did you hear about us?**   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred method(s) of contact for reminder of future services (check all that apply):**

Email Phone call Text Post card No Reminders

**1st Patient Information:**

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Age or Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_  Dog  Cat  Rabbit  
Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Male  Female /  Spayed/Neutered OR  Intact  
Today’s weight: \_\_\_\_\_\_\_\_\_\_\_\_  
Where should we call for previous medical records on your pet?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does your pet have a current Pinellas County tag?   
  Yes  No  
Pinellas License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
I am interested in my pet having the following additional services:   
Nail Trim ($18) Microchip ($28)Anal Gland Expression ($26)  
Ear Cleaning ($25) Bloodwork (Variable)

**2nd Patient Information:**

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Age or Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_  Dog  Cat  Rabbit  
Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Male  Female /  Spayed/Neutered OR  Intact  
Today’s weight: \_\_\_\_\_\_\_\_\_\_\_\_  
Where should we call for previous medical records on your pet?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does your pet have a current Pinellas County tag?   
  Yes  No  
Pinellas License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
I am interested in my pet having the following additional services:   
Nail Trim ($18) Microchip ($28)Anal Gland Expression ($26)  
Ear Cleaning ($25) Bloodwork (Variable)

**Pet Drop-off Agreement:**

***\*\*Please note that appointments usually take 30-60 minutes PER pet and could be longer if your pet needs testing or multiple treatments.\*\****

If your pet is dropped off and you are unable to pick up your pet by the end of the day that he or she is dropped off, boarding charges will apply. We will continue to attempt to reach out to all forms of contact on file for 2 days. If we have been unable to reach any of the contacts on file and have not received any response from messages left, your pet will be considered abandoned and will be relinquished to Pinellas County Animal Services.

I understand that Harborside Animal Hospital does not have any staff attending to pets during nights and weekends and therefore if I do not pick up my pet by closing time, I could be placing my pet in danger if he or she is sick. I agree to release Harborside Animal Hospital and its employees from all liability, should any harm come to my medically compromised pet due to my failure to return for pickup of my pet before the end of their business day.  
  
  
**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 use, copywrite, and publish those photos in both printed and electronic format.

I agree that Harborside Animal Hospital may use photographs of me and/or my pet for any lawful purpose, including as publicity, illustration, advertising, and Web content, and that my and/or my pet’s names may or may not accompany those photographs.

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)  
  
**Emergency Policy:** **I agree to this policy (Initial): \_\_\_\_\_\_\_\_\_**

It is the policy of Harborside Animal Hospital that, unless an owner expresses desire to euthanize immediately in lieu of seeking emergency medical care for their pet, we will proceed at the attending doctor’s discretion and perform any necessary tests or treatments with the goal of achieving stabilization prior to discussing itemized estimates with the owner. In an emergency presentation where the pet has experienced a significant trauma or is in immediate danger due to difficulty breathing, blood loss, anaphylactic reaction, shock, etc, preserving the life of that pet becomes top priority for the veterinary team.

We assess the priority of patients presenting on emergency using a triage system. Triage involves prioritizing patient care on the severity of illness or injury and allows us to determine flow of treatment depending on how much of an immediate threat to life said illness/injury presents. The goal of triage is to allow us to address the most severe cases first, and get patients stable enough to pursue further intensive diagnostic testing, examination, and treatment as is necessary. While in the hospital, you can expect the veterinarian to order various diagnostic testing including blood work, X-ray, ultrasound, etc.

Triage is broken down into 3 basic categories: patients whose lives are not in imminent danger without immediate medical care, patients who will die without immediate medical care, and patients who cannot be saved even with immediate medical intervention. The latter 2 categories are often technically at the same level of priority until it has been determined that there is no medical test or treatment that can provide reasonable stability conducive to preserving a good quality of life.

If a pet arrives in critical condition with agonal breathing for example, or is minimally to non-responsive and resuscitation is not realistic, we will instead recommend humane euthanasia to relieve suffering for that pet. We will make every attempt to ensure that the owner(s) is/are able to be with their pet during euthanasia, however, there may be situations where this is not possible. Care for the patient is our top priority, and if there is great enough suffering upon presentation or during the initial exam, it occasionally becomes necessary to relieve that suffering as soon as possible.

I understand that emergencies are top priority for the veterinary team, and are always seen and assessed by the doctor before any other scheduled appointments or walk-ins. **In the event that my pet arrives under emergency circumstances for immediate, life-saving care\*, I approve $300-500 for the veterinary team, at discretion of the doctor on staff, to perform all diagnostic testing and treatments necessary to attempt to stabilize my pet.** Once stabilized, I understand that there will likely be additional testing and/or treatments recommended to pursue resolution or management of the underlying condition(s) that presented today’s emergency visit. Any tests or treatments recommended beyond those necessary for the immediate, life-saving critical care already performed will be discussed with and approved by me prior to proceeding further.   
  
**Payment Authorization:**

By signing below, I understand payment for all services is required in full prior to those services being rendered. If payment by check is returned, I authorize Harborside Animal Hospital to debit from my account a returned check fee of $25.00 or greater (as allowable by Florida law) in addition to the agreed-upon charges for services rendered. 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 (1.8% 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 for labor costs, processing fees, and all reasonable attorney fees incurred whether or not litigation is filed, as well as attorney fees on appeal, all travel expenses, deposition costs, expert witness expenses, and any other costs in relation to any action arising from or related to the subject matter of the financial dispute.

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.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_