



**Harmony Vet Care New Client Registration**

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

Name: \_\_\_\_\_ First, Last

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone Numbers (please include area code and check preferred contact):

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

e-mail (required): \_\_\_\_\_

Spouse/Partner/Co-owner Name: \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact, (someone other than yourself, in case of emergency):  
\_\_\_\_\_ Name, Phone, Relation

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Wags Pet Clinic, Inc. DBA Harmony Vet Care, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services upon request. No guarantee or assurance can be made as to the results that may be obtained. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur. I agree to pay all cost for any property damage or personal injury caused by my pet during its stay. I agree to pay all charges on the day of pickup of my pet. If full payment has not been made, I agree to pay all cost of collection including attorney fees. Unpaid balances will accrue interest at 1.5% monthly and 18% per annum.

Signature: \_\_\_\_\_