



HARMONY ANIMAL HOSPITAL

COME • STAY • HEAL
WWW.HARMONYAH.COM

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4280 Hickory Flat Hwy • Suite 112 • Canton, G A 30115

WELCOME TO OUR PRACTICE!

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____ Driver's License #: _____

Employer _____ Work Phone _____

Spouse: _____ Spouse Contact #: _____

Referred By: _____

Pet Information

Pet's Name _____ Date of Birth _____ Breed _____ Color _____

Male or Female? _____ Spayed/Neutered? _____ Previous Animal Hospital/Veterinarian: _____

Pet's Name _____ Date of Birth _____ Breed _____ Color _____

Male/Female? _____ Spayed/Neutered? _____ Previous Animal Hospital/Veterinarian: _____

Pet's Name _____ Date of Birth _____ Breed _____ Color _____

Male/Female? _____ Spayed/Neutered? _____ Previous Animal Hospital/Veterinarian: _____

ALL CHARGES ARE DUE AND PAYABLE UPON PATIENT'S RELEASE

It is our policy to provide you with an estimate of charges, when requested, for any medical treatment, surgery or hospitalization that will be provided. A deposit may be required prior to treatment, based upon the amount of the estimate.

Acceptable forms of payment are: Visa, MasterCard, cash, and personal or business check (for the full amount bearing today's date, no third party checks). There is a \$30.00 service fee for all returned checks.