

Orchard Veterinary Medical Center, Inc. New Client Form

OWNER _____

SPOUSE _____

ADDRESS _____

HOME # _____

CITY, STATE, ZIP _____

CELL # _____

EMAIL _____

DRIVERS LICENSE # _____

PLACE OF EMPLOYMENT _____

WORK # _____

SPOUSE'S EMPLOYMENT _____

SPOUSE'S CELL # _____

ACTIVE OR FORMER MILITARY? Y / N

SENIOR (60 YEARS OR OLDER)? Y / N

How did you hear about Orchard Veterinary Medical Center? _____

PET INFORMATION

PET 1

PET 2

PET 3

NAME

SPECIES

BREED

DATE OF BIRTH

COLOR

SEX

SPAYED/NEUTERED

DATE OF LAST VACCINES

CURRENT MEDICATIONS

What prior illness, surgery, or allergies (drug, food, environmental, etc.) should we know about?

Current Veterinary Hospital: _____

PHOTO RELEASE: I give permission to Orchard Veterinary Medical Center Inc. to photograph my pet(s) and to use the photo(s) on websites and elsewhere for advertising, and any other lawful purposes.

SIGNATURE (optional): _____

DATE: _____

In order to continue providing your pet with high quality veterinary care, it is required that every client be prepared to pay for all services at the time they are rendered. We are happy to provide a treatment plan before any services are performed. I hereby authorize the veterinarians at Orchard Veterinary Medical Center, Inc. to examine, treat, prescribe for, and perform surgery on the above pet(s). I assume full responsibility for costs incurred with the care of my pet(s). I understand that these charges will be paid for at the time of release, and that a deposit may be required for surgical treatment. I also certify that I am over 18 years old.

SIGNATURE: _____

DATE: _____