



File # \_\_\_\_\_

## CLIENT INFORMATION SHEET

Welcome to our hospital. We appreciate you choosing Orchard Animal Clinic as your pet's primary health provider. So we may become better acquainted, please complete the following:

Owner's Name		Spouse or Co-Owner's Name	
Address		Address <input type="checkbox"/> Same as owner	
City, State, Zip		City, State, Zip <input type="checkbox"/> Same as owner	
Primary Phone	( )	Primary Phone	( )
Secondary Phone	( )	Secondary Phone	( )
Employer		Employer	
Work Phone	( )	Work Phone	( )
May we call you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Only <input type="checkbox"/>	May we call you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Only <input type="checkbox"/>
E-Mail Address			
Orchard Animal Clinic can give you web access to your pet(s) medical records through your very own PetPortal. It is FREE and designed to help you keep track of your pet's health. You will receive limited e-mails from us (mainly vaccine reminders) and can opt out at any time. Would you like us to make one for your pet(s)?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Preferred method of payment (All charges are due and payable at time of service)

Cash       Check       Debit Card       Major Credit Card       Care Credit (applications available)

Who should we thank for bringing you to our hospital?

Impact Phone Book (Yellow & Blue cover)     DEX Phone book (BSU cover)     OAC Website     Internet     Sign  
 Personal Recommendation (Please specify): \_\_\_\_\_  
 Other Veterinarian (Please specify): \_\_\_\_\_  
 Other (Please Explain): \_\_\_\_\_

### Agreement:

- Orchard Animal Clinic is authorized to render any services reasonably necessary for the care and treatment of our animal(s), in the opinion of the attending doctor.
- I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.
- If the animal(s) is placed with Orchard Animal Clinic for boarding or hospitalization, I will be responsible for picking up the animal(s) and the reasonable fee for such service.
- If the animal(s) is placed for veterinary care, I will be responsible for payment of a reasonable fee for such service, and for any reasonable fee for the necessary board for the animal(s) following such care.
- In the event of the death of the animal(s) through no fault of Orchard Animal Clinic, I will be responsible for the reasonable costs thereof.
- In the event I fail to pick up the animal(s) from Orchard Animal Clinic within 10 days after written notice by certified mail, return receipt requested, Orchard Animal Clinic is authorized to dispose of the animal(s) and I will pay a reasonable fee for such service.
- I authorize Orchard Animal Clinic to release my pet's medical records to myself or a third party at my verbal or written request.
- I am the owner of the said animal(s) and have full authority to enter into this Agreement and the terms thereof. If I am not the owner, I am the authorized representative of the owner, and have full authority to enter into this Agreement, and the name of the owner is: \_\_\_\_\_

**Owner or Authorized Representative's Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_



## PATIENT INFORMATION

To help us become better acquainted with your pet(s), please take a moment to fill out this form as completely as possible. If you have questions we would be happy to help you.

**Please complete one box per pet. Thank you.**

<b>Pet's Name:</b>			
Birth Date <b>OR</b> Approximate Age:		<input type="checkbox"/> Feline	<input type="checkbox"/> Canine
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Color:		<input type="checkbox"/> Neutered/Spayed	<input type="checkbox"/> Intact
Where has your pet been seen previously for medical care and/or vaccines? _____			
Where did you obtain your pet? <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Humane Society <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
What is your pet's primary role? <input type="checkbox"/> Companionship <input type="checkbox"/> Protection <input type="checkbox"/> Breeding <input type="checkbox"/> Show <input type="checkbox"/> Other _____			

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Birth Date <b>OR</b> Approximate Age:		<input type="checkbox"/> Feline	<input type="checkbox"/> Canine
Breed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Color:		<input type="checkbox"/> Neutered/Spayed	<input type="checkbox"/> Intact
Where has your pet been seen previously for medical care and/or vaccines? _____			
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