



NEW CLIENT FORM

Welcome to Orchard Park Animal Hospital

"Caring for your best friend like family"

Name (Mr, Mrs, Ms, Dr): _____

Last

First

Address: _____

Street

City

State

ZIP

Primary Contact Phone: _____

Secondary Contact Phone: _____

Emergency Contact Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Spouse (Mr, Mrs, Ms, Dr): _____

Spouse Mobile Phone: _____

Spouse Employer: _____

Spouse Work Phone: _____

How did you learn of our hospital?

Sign Website Social Media Recommendation (by: _____)

Communication preference(s) for updates, reminders, specials, and/or emergencies:

May we send reminders, newsletters and occasional information via email? Yes No

May we post pictures of your pet(s) on our social media (e.g. Facebook, website)? Yes No

May we request your pet's records from previous veterinarian? Yes No

Previous veterinarian's name and contact information: _____

May we provide your pet's records to a requesting veterinarian/groomer/kennel? Yes No

In consideration for services to be provided, I agree to pay all invoices **IN FULL AT THE TIME SERVICES ARE RENDERED** and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET. All unpaid balances are subject to a 1.5% per month interest charge. Returned checks are subject to the incurred returned check fee. In the event of legal action to recover an unpaid balance I agree to pay all interest, court costs and attorney's fees. I hereby authorize the release of my pets' medical records to Orchard Park Animal Hospital and hereinafter waive any written release requirement.

Owner Signature: _____ Date: _____

Preferred Method of Payment: Cash Check* Debit/Credit Card Care Credit/Other

* Driver's License and Phone Number must be written on all checks.

Office Use Only

Initials/Dates

Initials/Date

Initials/Date

Initials/Date
