



CLIENT INFORMATION FORM

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

Address: _____
Street City State ZIP

Primary Contact Phone: _____

Emergency Contact Phone: _____

Employer: _____

Work Phone: _____

Driver's License: _____

Email: _____

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

Spouse Mobile Phone: _____

How did you learn of our hospital? _____

May we post pictures of your pet(s) on social media (e.g. Facebook, website, Instagram)?

Yes or No

May we have permission to request your pet's records from the previous veterinarian?

Yes or No

May we have permission to provide your pet's records to a requesting vet/kennel/groomer?

Yes or No

I hereby authorize Orchard Park Animal Hospital to examine, prescribe to, and/or treat my pet(s). I assume responsibility for all charges incurred. I also agree that these charges will be paid in full at the time of service and that a deposit may be required for some surgical and medical cases.

Owner Signature: _____

Date: _____

Preferred Method of Payment: Cash, Debit/Credit, or Scratch Pay/CareCredit

Office Use Only

Initials/Dates
