



## Client Information Form 2025

Name : \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*ZIP*

Primary Contact Phone: \_\_\_\_\_

Employer and Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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: Debit/Credit or Scratch Pay/CareCredit

*\*Please note, we are not able to accept Cash or Check*

Office Use Only

Initial/Dates

\_\_\_\_\_