

ORCHARD ROAD ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet(s). So we may become better acquainted, please complete the following information:

OWNER INFORMATION:

Date

Name

Spouse's Name

Address

City

State

Zip

County

E-Mail Address

Best Phone # to reach you at:

This is: Home

Cell

Work

2nd Best Phone # to reach you at:

This is: Home

Cell

Work

3rd Best Phone # to reach you at:

This is: Home

Cell

Work

Driver's License#

Senior Citizen (65+)? Yes No

How did you hear about Orchard Road Animal Hospital? Yellow Pages Hospital Sign

Internet Drove By Other

Personal Recommendation If so, whom may we thank?

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Coat Color			
Sex; Spayed/Neutered			

Which doctor are you seeing today? _____ Did you bring medical records?
[] Yes [] No

If we do not have medical records for your pet(s), please list other clinics/hospitals where you have taken your pet(s) for care so that we may contact them for medical records.

NAME and LOCATION of Hospitals/Clinics:

I authorize photos of my pet(s) to be used by ORAH for viewing on their website, social media and/or in the hospital.

Pictures OK:

----- **OR** -----

I decline to have photos of my pet(s) used by ORAH for any purposes.

No Pictures:

If another animal hospital, groomer, boarding facility or adoption agency calls for medical records for my pet(s), I authorize ORAH to release medical information.

Information OK:

----- **OR** -----

I want to be called when a facility/agency requests information about my pet(s).

Contact for Information:

Your signature below indicates that:

- 1) You are the legal owner of the above listed pet(s), and**
- 2) You acknowledge that payment for your pet(s) is due at the time of service or release.**

Client Signature: