☐ Input ____ Client No. _________

ORCHARD VIEW
Veterinary Center

NEW CLIENT FORM

Primary Owner Name____
Co-Owner Name ____
Additional Authorized Agents ____

Primary Street Address ____________________________________ Apt. #__________
City _________________________ State ______________ Zip ______________

Primary Home Phone __________ Primary Cell Phone __________ Primary Work Phone __________
Co-Owner Home __________ Co-Owner Cell __________ Co-Owner Work __________
Additional Phone Numbers ____

Previous Veterinary Clinic Name __________________________ City ________ State _____
Phone Number ______________________ May we call to get a history? Yes ____ No ____

How did you FIRST hear about us?

- ☐ Referred by friend or relative Name ______________________________
- ☐ Yellow Pages
- ☐ Driving by, saw sign
- ☐ Mailer
- ☐ Humane Society/County Dog Control
- ☐ Other ____

E-mail (If you would like reminders sent via e-mail) ______________________________

Pet's Name ________________ (Circle One) Female/Male | Spayed/Neutered? Y/N Birth date/ Age __________
(Circle One) Dog/Cat/Other __________ Breed/Predominant Breed ______________ Color(s) __________
Pet Insurance Company ________________ Phone Number __________ Policy Number __________
Microchip? Y/N Number ________________ Brand __________ Tattoo? Y/N __________
Current Medications ______________________ Prescription Diet ______________________
Any chronic health problems? ____

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ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Fees not paid in full are subject to a $5.00 per month handling fee plus 1.5% interest charge.

By signing below you agree to the following:
The Primary Owner and Co-Owner are responsible for all billing and medical decisions made for the above listed pets and any additional pets added on the New Patient Form. Payment in full is due upon discharge and under certain circumstances, a deposit will be required prior to services being performed. Signee(s) must be 18 years old or older. Photo ID is required.

Signature (Owner) ______________________________ Date ______________

Signature (Co-Owner) ______________________________ Date ______________