



Client Information Sheet

Owner: _____ Co-Owner: _____ (Relationship) _____

Client #: _____ Email: _____ (Email for sending reminders or correspondence only)

Current Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Co-Owner Phone: _____ Alternate Phone: _____

Pet Information

Pet Name	Birthday	Sex	Breed / Description
_____	__/__/__	M/N F/S	_____
_____	__/__/__	M/N F/S	_____
_____	__/__/__	M/N F/S	_____
_____	__/__/__	M/N F/S	_____
_____	__/__/__	M/N F/S	_____

*****PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED*****

We accept cash, checks, Visa, MasterCard, Amex and Care Credit

I, the undersigned owner or authorized agent of the admitted patient(s), hereby authorize the doctors of Orchards Veterinary Clinic to administer such treatment as necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that a service fee of 1.5% per month will be added to your balance on all funds over 30 days past due.

Signature of Owner/Agent _____ Date: _____

Signature of Owner/Agent _____ Date: _____

For clinic use only:

Last time information was checked _____, _____, _____, _____, _____, _____