



# CLIENT INFORMATION

## 2018

Date: \_\_\_\_\_

<i>OWNER/RESPONSIBLE AGENT</i> (Authorized Party)	
Owner's Name _____	
Spouse <input type="checkbox"/>	Other <input type="checkbox"/> _____ Relationship to Owner _____

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Birth Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_ \*

Employer's Name \_\_\_\_\_ Spouse/Other Employer \_\_\_\_\_

In case of **emergency**, please call (Friend/Relative) \_\_\_\_\_ at (number) \_\_\_\_\_

**Payment is due at time of services.** We accept cash, checks, Visa, Discover, Mastercard, American Express, and Care Credit. Returned checks are subject to a \$25 fee. We do not accept counter (starter) checks. We will gladly prepare a written estimate if you wish. **We request 24 hours' notice if you need to cancel/reschedule an appointment.** Missed appointment fees may apply for appointments not cancelled in advance. **Please initial** \_\_\_\_\_

\*E-mail may be used to provide information and/or services offered by our hospital

**Would you like to authorize anyone else to sign for treatment and authorize charges on your account?**

NO

Yes \_\_\_\_\_

First Name

Last Name

Middle In

**By signing below, I agree to pay all charges incurred on this account by myself or authorized party.**

***SIGNATURE OF OWNER/RESPONSIBLE AGENT*** \_\_\_\_\_

How did you hear about Orchard Mesa Veterinary Hospital?

Individual, someone we may thank \_\_\_\_\_

Hospital Sign  Yellow Pages  Internet  Newspaper  Other \_\_\_\_\_

Do you qualify for our senior discount (over 65)?  Do you qualify for our military discount (active and veterans) ?

### ESSENTIAL PET INFORMATION

PLEASE LIST ALL PETS YOU CURRENTLY OWN