

## CLIENT INFORMATION 2020

Date:									
OWNER/RESPONSIBLE AGENT (Authorized Party)									
Owner's Name									
Spouse  Other Relationship to Owner	r								
Physical Address	CityStateZip								
Mailing Address (If different)									
Home Phone()Cell Phone()	Work Phone()								
Driver's License: State Number	Exp. Date								
Birth Date E-Mail Address	*								
Employer's NameSpoo	mployer'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  Would you like to authorize anyone else to sign for treat  NO  Ves	tment and authorize charges on your account?								
Yes First Name Last Nat	me Middle In								
By signing below, I agree to pay all charges incurred on SIGNATURE OF OWNER/RESPONSIBLE	· · ·								
SIGNATURE OF OWNER/RESPONSIBL	LE AGENI								
How did you hear about Orchard Mesa Veterinary Hospital?									
☐ Individual, someone we may thank									
☐ Individual, someone we may thank ☐ Hospital Sign ☐ Yellow Pages ☐ Internet ☐ Newspaper ☐ Do you qualify for our senior discount (over 65)? ☐									

## **ESSENTIAL PET INFORMATION**

PLEASE LIST ALL PETS YOU CURRENTLY OWN

					SEX				
CAT	DOG	OTHER	PET'S NAME	AGE	F	M	ALTERED	BREED	COLOR