



CLIENT INFORMATION FORM

Date: _____

2022

Owner's Full Name: _____ Spouse's Full Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Primary Phone: (____) _____ Mobile Landline Secondary Phone: (____) _____ Mobile Landline

Email Address: _____

Driver's License #: _____ State issued: _____ Exp. Date: _____ Date of Birth: _____

Please list anyone else whom you would like to authorize us to contact regarding your pets care:

Full Name	Phone #	Relationship to Owner	Signing Authority*
_____	(____) _____	_____	<input type="checkbox"/>
_____	(____) _____	_____	<input type="checkbox"/>

I acknowledge that by marking the checkbox labeled "Signing Authority" above, the indicated parties are hereby authorized to sign treatment estimates and approve charges to my account on my behalf. **PLEASE INITIAL** _____

Please give the relevant information for all pets you currently own:

Species	Pet Name	Age	Sex	Spayed or Neutered	Breed	Color
_____	_____	_____	M / F	Y / N	_____	_____
_____	_____	_____	M / F	Y / N	_____	_____
_____	_____	_____	M / F	Y / N	_____	_____

Additional Information

How did you hear about Orchard Mesa Veterinary Hospital?

- Individual: _____
- Hospital Sign
- Yellow Pages
- Social Media
- Google
- Other: _____

I qualify for the following automatic discounts:

- 5% Senior Discount (65 and up)**
- 5% Military Discount (Active or Retired)**

Payment Policy

Payment is due at time of service. We accept cash, check, Visa, Discover, Mastercard, American Express, and CareCredit. Returned checks are subject to a \$25 returned check fee. We do not accept counter checks or starter checks. We will gladly prepare a written estimate of treatment and charges, at your request. We request 24 hours' notice if you need to cancel/reschedule an appointment. Missed appointments may be subject to a \$55 missed appointment fee if not canceled in advance. Repeated missed appointments may result in a deposit requirement for future appointments.

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



OWNER / RESPONSIBLE AGENT

* The individual listed as "Spouse" will also be authorized with signing authority on your account. Please notify us immediately of any changes that may affect who is authorized to make decisions regarding your pets.

** Automated discounts apply to qualified products and services only, and can not be applied to food purchases or outside services. Discount policies are subject to change at any time at the discretion of Orchard Mesa Veterinary Hospital.