



# CLIENT ANNUAL REGISTRATION FORM 2024

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

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 over 18 years of age and 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, CareCredit and ScratchPay. Returned checks are subject to a \$25 returned check fee. We do not accept counter checks or starter checks. We will 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 \$80 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.**

**I am over the age of 18 and authorized to make medical decisions for this pet.**



\_\_\_\_\_

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.