



# Client Registration



Dr. Ted Horner Dr. Dana Horner Dr. Brett Houlberg  
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## Welcome to Orchard Park Animal Hospital

Thank you for giving us the opportunity to care for your pet.  
Please take a moment to fill out this form Completely

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

Name (Mr., Mrs., Ms., Dr.): \_\_\_\_\_  
Last, First

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse (Mr., Mrs., Ms., Dr.): \_\_\_\_\_  
Last, First

Spouse Work Phone: \_\_\_\_\_

Spouse Cell Phone: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

How did you learn of our hospital?

Yellow Pages     Web Page     Sign

Recommendation    By: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby authorize Orchard Park Animal Hospital to examine, prescribe for and/or treat my pet. I assume all responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for some surgical and medical cases.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment:

Cash     Check     Mastercard     Visa     Discover

Other \_\_\_\_\_