

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

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

Address: _____
Street City State Zip

Primary Contact Phone: _____

Secondary Contact Phone: _____

Emergency Contact Phone: _____

Employer: _____

Work Phone: _____

Driver's License: (State, Number*) _____

Email: _____

May we send reminders, a monthly newsletter and occasional information via email?

Yes No

May we post pictures of your pet(s) on Social Media? (Facebook, website, Instagram)

Yes No

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

Spouse Cell Phone: _____

Spouse Employer: _____

Spouse Work Phone: _____

How did you learn of our hospital?

Sign Web Page Social Media

Other: _____

Recommendation By: _____

I hereby authorize Orchard Park Animal Hospital to examine, prescribe for and/or treat my pet(s). I assume all responsibility for all charges incurred. 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.

Owner Signature: _____ Date: _____

Preferred Method of payment:

Cash Check* Debit or Credit Card (Visa, MC, Discover) Care Credit

*Checks require your driver's license and a phone number to be written on the check

| Office Use Only | Initials/Date | Initials/Date | Initials/Date | Initials/Date |
|-----------------|---------------|---------------|---------------|---------------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |