



Orchid Springs Animal Hospital

615 Overlook Dr. • Winter Haven, FL 33884

Phone 863-324-6964 • Fax 863-326-6377

www.osahvets.com

CLIENT INFORMATION

Client Name: _____

Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

How Did You Hear About Us? _____

PATIENT INFORMATION

Patient's Name: _____ Age or Date of Birth: _____

Species: ___ Canine ___ Feline ___ Other (specify _____)

Breed: _____ Color: _____

Sex: ___ Intact Male ___ Intact Female ___ Neutered Male ___ Spayed Female

Is your pet up to date on vaccines? ___ If so, from where? _____

What other veterinarian do you use? _____

Current medications and preventions? _____

Any noted medical history, surgeries or diagnosis? (please specify)

Please note that payment is due at the time of services. For your convenience, we do accept all major credit cards, care credit and cash.