

Welcome to Orchards Pet Hospital

Your Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Number: _____

Email Address: _____

Employer: _____ Work Phone: _____

Spouse/Other Employer: _____ Work Phone: _____

In order for us to keep our fees as low as possible, payment is due when services are rendered. We accept **Visa, MasterCard, Discover, American Express, CareCredit and cash.**

Pet Information:

Name: _____ Breed: _____ Cat Long Hair/Short Hair: _____

Color: _____ Male/Female: _____ Age: _____ Spayed/Neutered? _____

What veterinarian can we contact for vaccine history/records? _____

I give Orchards Pet Hospital permission to post pictures of my pet and I to Social Media. _____ (Initials)

Who may we thank for your visit? _____

What is your preferred method of contact: Email [] Text [] Phone []

Which number should receive reminder and confirmation texts: _____

By signing below, I hereby acknowledge that payment is due at the time services are rendered. I accept responsibility for any charges incurred in providing veterinary care and I understand that in the event of a non-payment, I may be held liable for any and all charges related to collection of this debt. Including but not limited to attorney's fees, collection charges and late fees.

Signature: _____ Date: _____