



NEW CLIENT INFORMATION

Name of person responsible for bill (must be 18 years or older)

_____ Spouse/Other _____

Home Phone Number _____ Email Address _____

Address _____

City _____ State _____ ZipCode _____

Employer _____ Work Phone Number _____

Spouse/Other Employer _____ Work Phone Number _____

Method of payment: Cash ___ Check ___ Visa ___ MC ___ Discover ___ CareCredit ___

Patient Name _____

Species: Canine / Feline / Other

Breed _____

Gender: Male / Female

Color _____ Markings _____

Birth Date Mo. _____ Year _____

Neutered: Yes / No

Has your pet been vaccinated for these diseases? When was the last date of your vaccines and where given?

Dogs: Distemper/Parvo/Corona → Yes / No Date _____ Where _____

Rabies → Yes / No Date _____ Where _____

Cats: Distemper → Yes / No Date _____ Where _____

Feline Leukemia → Yes / No Date _____ Where _____

Rabies → Yes / No Date _____ Where _____

Are you currently giving your pet medications? Yes / No

If yes, please list : _____

Please list information for any additional pets on the back of this form.

How did you first hear of our hospital?

____ Individual; name of someone we can thank _____

____ Yellow Pages ____ Hospital Sign ____ Newspaper Other _____

I assume responsibility for all charges incurred in the care of the animal(s) I have presented for treatment. I understand that all charges must be paid at the time of release and that a deposit is required for emergency or surgical treatment. All unpaid account balances are subject to interest at the rate of 18% annually. Collections action and legal proceedings may be utilized to recover any unpaid account balances. I understand that all medical records, lab results, x-rays, and reports for my animal(s) are the property of Orrville Veterinary Clinic, Inc.

Signature _____ Date _____

For the excellence you've come to expect...we've grown to provide.

Patient Name _____ Species: Canine / Feline / Other
Breed _____ Gender: Male / Female
Color _____ Markings _____
Birth Date Mo. _____ Year _____ Neutered: Yes / No

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Rabies → Yes / No Date _____ Where _____
Cats: Distemper → Yes / No Date _____ Where _____
Feline Leukemia → Yes / No Date _____ Where _____
Rabies → Yes / No Date _____ Where _____

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