

ORANGEVALE VETERINARY HOSPITAL, INC.

NEW CLIENT REGISTRATION FORM

OWNERS NAME (Please print clearly) _____

DATE OF BIRTH _____ Drivers License # _____ State _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Cell _____ Work _____

E-MAIL Address: _____

*****REFERRED BY:** _____

PET INFORMATION

PET #1 Name _____ Breed _____ Color _____

Male ___ Male Neutered ___ Female ___ Female Spayed ___ Dog ___ Cat ___ DOB: _____

PET #2 Name _____ Breed _____ Color _____

Male ___ Male Neutered ___ Female ___ Female Spayed ___ Dog ___ Cat ___ DOB: _____

I, hereby authorize Orangevale Veterinary Hospital, Inc., assigned doctors, and/or staff, to administer treatment that is considered therapeutically and/or diagnostically necessary on my pets.

*I, hereby release Orangevale Veterinary Hospital, Inc., assigned doctors, and staff from all claims, legal or equitable, arising out of the treatment rendered, and affirm that no guarantee or assurance has been made as to the results that may be obtained. **I have read and understand the above. Initial _____***

I further understand that veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. **Initial _____**

PAYMENT AGREEMENT

This hospital is not equipped for billing. We accept Visa, MasterCard, Debit cards and Cash as payment.

*******WE DO NOT ACCEPT CHECKS*******

Payment in full is expected at the time of visit. *I assume responsibility for all charges incurred in the care of my pets. I also understand and agree to pay for all services rendered upon release.*

Date _____ Print Name _____ Signature _____