

5785 S. Greenville Rd – Greenville, MI 48838



Tel. (616)754-9633 – Fax (616)754-8986

[www.orchardviewvet.com](http://www.orchardviewvet.com)  
orchardviewvet@gmail.com

*Please present this form to the receptionist at your scheduled appointment time.*

## NEW CLIENT INTAKE FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner/Caregiver: Mrs. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License or I. D. Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Partner/Spouse/Co-Owner: Mrs. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

What is your preferred form to receive communication with us?

Home Phone \_\_\_\_ Cell Phone \_\_\_\_ Email \_\_\_\_ Text Message \_\_\_\_ Work Phone \_\_\_\_

How did you hear about us?

Interenet \_\_\_\_ Hospital sign \_\_\_\_ Facebook \_\_\_\_ Twitter \_\_\_\_ Previous Client \_\_\_\_

Personal recommendation \_\_\_\_ (Whom can we thank? \_\_\_\_\_)

Other \_\_\_\_ (Please explain): \_\_\_\_\_

**\*Please note: Your privacy is important to us. All information received in all forms and though other communications is subject to our Patient Privacy Policy.**

How much information do you generally like or want to be given about your pet's health?

- I want a full explanation—anything and everything.
- I want a brief explanation—just the important stuff.
- I just want to know if there's anything I need to do—keep it simple.

## PET INFORMATION

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Male  Female  Microchip number: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No  What kind of allergies? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what? \_\_\_\_\_

List any major illnesses and/or surgeries your pet has had: \_\_\_\_\_

List any foods and treats you give your pet and how often: \_\_\_\_\_

How much food do you feed your pet daily? \_\_\_\_\_

### Additional Pets:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Male  Female  Microchip number: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No  What kind of allergies? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what? \_\_\_\_\_

List any major illnesses and/or surgeries your pet has had: \_\_\_\_\_

List any foods and treats you give your pet and how often: \_\_\_\_\_

How much food do you feed your pet daily? \_\_\_\_\_

### STATEMENT OF OWNERSHIP

*I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if/and when it is needed.*

### **\*PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED\***

• In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarian and support staff of Orchard View Veterinary Clinic to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

• It is understood that a treatment plan of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained for services provided.

• I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given treatment plan if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

For your convenience we accept MasterCard, Visa, Care Credit, Cash or Checks.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please enroll me as a registered member of the hospital website:  Yes  No

As a registered member I will be able to:

\*Request appointments\* \*Purchase medication/food refills\*

\*Sign up for newsletters\*

\*Notify my veterinary clinic if pet is lost/deceased\* \*Notify of address change\*

\*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter:  Yes  No

Topics of Interest:  Dogs  Cats  Horses  Birds  Reptiles  Rodents

Dr./Member Announcements.