

# Orland Veterinary Hospital



## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Your DOB \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you become aware of our clinic? € Drove by € Yellow Pages € Previous Client € Other \_\_\_\_\_

€ Personal Recommendation (Whom may we thank?) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
LENGTH OF TIME OWNED			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHPP-C/DHLPP (DISTEMPER/PARVO)			
BORDETELLA (KENNEL COUGH)			
OTHER: RATTLESNAKE, LYME, LEPTO			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
FVRCP/LK (DISTEMPER/LEUK/RESP.)			
OTHER: FIP, FIV, ETC.			
FELV/FIV TEST			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any prior dentistry done? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_



# ORLAND VETERINARY HOSPITAL

## FINANCIAL POLICY

Thank you for choosing us as your veterinary health care provider. The following statement of our financial policy which we require that you read, agree to, and sign prior to any treatment. Unless you are pre-approved for credit with our company, **PAYMENT IS DUE AND REQUIRED AT TIME OF SERVICE.**

I understand that I am financially responsible for all charges due on services rendered. I have read the above statements and accept full responsibility for all veterinary fees incurred by myself and/or anyone I have authorized to act as my representative. I acknowledge that failure to meet my financial obligations may result in referral of my account to a collection agency and refusal of any future services by Orland Veterinary Hospital.

Authorized Users/Representatives:

How will you pay today: Cash \_\_\_ Check \_\_\_  
MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_  
Care Credit \_\_\_

\_\_\_\_\_

Responsible Party:

\_\_\_\_\_

Date: \_\_\_\_\_

## PRIVACY POLICY

Orland Veterinary Hospital respects your right to privacy. We will only collect and utilize personal data and personal information in the following manner.

### Collection of Personal Information

Orland Veterinary Hospital only collects personal information that you voluntarily provide to us. This information may be collected through e-mail correspondence, telephone conversations, fax or letter correspondence, or filling out forms on our website. Again, this information is only collected voluntarily when you provide us with personal information about yourself for the purposes of using our veterinary services.

All information you provide us with is, of course, optional. However, we are better able to effectively serve your and other client's needs by having been provided with certain types of information about you, such as name, address, phone numbers and email addresses.

### Disclosure of Personal Information

WE DO NOT disclose, reveal, share or otherwise disseminate any personally identifiable details about you to any third parties except in the following limited circumstances: (a) if required to do so by law, (b) with your prior permission.

### Accessing Information

The accuracy of any personal information collected depends on your willingness to provide it. Orland Veterinary Hospital maintains and updates your data according to the information that you willingly provide. You may access any of your personal information by providing us with a written request.

### Questions and Dispute Resolution

Should you have any problems, concerns or questions regarding this policy or the information collected, please contact Orland Veterinary Hospital office indicated below and we will be happy to provide a timely response:

**Orland Veterinary Hospital, 1137 8<sup>th</sup> Street, Orland, CA 95963 Phone: 530-865-4478**  
**[www.orlandvethospital.vetsourceweb.com](http://www.orlandvethospital.vetsourceweb.com)**

I acknowledge that I have read and received the above Financial Policy and Privacy Policy:

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_