



Orion Animal Hospital

2990 S. Baldwin Rd. Lake Orion, MI 48360 (248) 845-8356

www.orionanimalhospital.com

WELCOME

New Client Registration Form



Client Information

Name: _____ Spouses Name: _____
 Address: _____ City/State: _____ Zip: _____
 Phone (1): _____ (2): _____ Email : _____
 Drivers License: _____ Date of Birth: _____
 (This information is used when certain medication is dispensed)

Patient Information

Pets Name	Breed	Birthdate	Sex/Color	Known Illness
1) _____				<input type="checkbox"/> Spay/Neuter _____

Please check any symptoms or problems you are concerned with:

- Bad Breath Behavior Concerns Breathing Problems/Gagging Coughing/Sneezing Loss of Appetite
 Vomiting Diarrhea Weight Loss Limping Weakness Scooting Eye Concerns
 Dirty Ears / Shaking Head Other: _____

Current Medications: _____

Describe Your Pet's Diet: _____

Pets Name	Breed	Birthdate	Sex/Color	Known Illness
2) _____				<input type="checkbox"/> Spay/Neuter _____

Please check any symptoms or problems you are concerned with:

- Bad Breath Behavior Concerns Breathing Problems/Gagging Coughing/Sneezing Loss of Appetite
 Vomiting Diarrhea Weight Loss Limping Weakness Scooting Eye Concerns
 Dirty Ears / Shaking Head Other: _____

Current Medications: _____

Describe Your Pet's Diet: _____

Does ORION ANIMAL HOSPITAL have the privilege to use photos of *you/your pet* for our social media accounts: Y / N

REFFERAL: How did you hear about us? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal(s). I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

I (signee) ensure that all information provided is correct

Date