



**Animal Hospital of Orleans**

65 Finlay Road

Orleans, MA 02653

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www.animalhospitaloforleans.com

# Welcome To Our Hospital

**“We treat your pets as if they were our own!”**

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

Owner's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Residential Address \_\_\_\_\_

Street

City

State

Zip

Mailing Address if different: \_\_\_\_\_

Street /PO Box

City

State

Zip

Spouse/Co-Owner Name: \_\_\_\_\_ Co-owner Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(If you cannot be reached) Name and Phone Number

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

Check Here to receive our monthly newsletter

(Please note that your email, like all of your personal information is strictly confidential and will not be shared)

### How did you hear about us?

Recommendation/Referral? Referred by? \_\_\_\_\_

Website \_\_\_\_\_

Sign/Drive by

Radio

Newspaper

Yellow Pages

Other \_\_\_\_\_

Please Complete for each Pet:

**Pet #1**

**Pet # 2**

Pet's Name		
Species (Dog/Cat/Other)		
Breed		
Color		
Sex (M or F)		
Birth Date (or Age)		
Spayed/Neutered (Y or N)		

Is your pet micro-chipped? Yes or No # if yes \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Occasionally we take pictures of our patients for use on our website or Facebook page.

Please check here if you do NOT want your pet's image used:

**It is the policy of the Animal Hospital of Orleans to receive payment as services are rendered.** All accounts with a balance over thirty (30) days will be subject to a \$5.00 administrative and handling fee. Interest will be charged and added to the balance of your account commencing and to the extent that it remains unpaid, thirty (30) days after the rendering of a monthly billing for said account. Interest will be charged at the rate of one and one-half percent (1.5%) per month, eighteen percent (18%) per annum. A deposit may be required before any extended boarding period or extensive hospital treatment. In the event that it is necessary to institute suit against you for the collection of fees and advances due to us by you, you will pay in addition to any judgment for such fees and advances, all costs and expenses necessitated thereby, including reasonable attorney's fees for the suit. Furthermore, in the event of any lawsuit which is filed as a result of any provisions for our legal services or otherwise arising out of, in any way, our relationship as attorney and client, the prevailing party shall be entitled to collect all costs and expenses necessitated by such litigation, including reasonable attorney's fees.

In order to protect all pets here, it is required that all pets be current on their vaccinations (rabies, distemper, and kennel cough) before admission to the kennel or hospital. All boarded pets will be checked for fleas prior to admission to the kennel. If your pet is found to have fleas, flea treatment will be administered at owner's cost.

If any emergency arises while your pet is kenneled here, then the veterinarian on duty at the hospital will attend to the situation. We consider an emergency as any life-threatening event that the doctor feels cannot wait for the owner's return. Your own veterinarian will be allowed to see any problems unless otherwise requested. All financial services involved will be the responsibility of the owner or owner's agent.

**I have read the above statement and understand it fully.**

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_

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