



Owner Name _____

New Patient Information

Patient Name:				
Species (circle one):	Dog	Cat	Rabbit	Other _____
Breed:				
Sex (circle one):	M	F	NM	SF
Color/Markings:		Date of Birth:		
Previous Veterinarian:		Vet Phone:		
Known Allergies:				
Important Medical Issues:				

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Previous Veterinarian:		Vet Phone:		
Known Allergies:				
Important Medical Issues:				

May we contact your previous veterinarian to obtain your pet's records? Yes No
 May we use photos of your pet on our website and on our lobby TV? Yes No

Notice of Abandonment

If, after (5) days from the date of written notice, your pet is not picked up it will be considered abandoned and may be humanely euthanised, adopted out or handled in any manner deemed appropriate by Orchard Hills Animal Hospital. It is understood that this does not relieve me from paying all of the fees for services, use of hospital, cost of keeping the animal, or collection fees.

By signing below I acknowledge I have read and understand the Notice of Abandonment and that I am the owner of the pet(s) listed above.

Signature _____ Date _____

P: 360-835-2184 F: 360-835-2186 email: orchardhillsvet@yahoo.com