



**Thank you for giving us the opportunity to care for your pet!
We appreciate your thoughtful attention in providing the following information:**

First Name	Middle Name	Last Name
Owner:		
Co-Owner:		
Personal Information		
Mailing Address:		City/State/Zip:
Physical Address:		City/State/Zip:
Email:		Alt. Email:
Home Phone:		Cell Phone:
Alternate Phone:		Cell Phone #2:
Employer Name:		Work Phone #:
Date of Birth:		Driver's License #:

Authorization for Medical Treatment and/or Surgery:

By signing this agreement, I authorize Orcas Veterinary Service staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to these services. I understand with any medical or surgical procedure there are always risks involved, and that no warranty or guarantee is being made as to the outcome. I understand that I am responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. A finance charge of 2% will be charged on all invoices beginning 30 days from the invoice date. All unpaid or returned checks will be charged a fee of \$30.00 and delinquent accounts will be transferred to a collection agency.

Owner Signature _____

Printed name _____ Date _____

