



Office Use: # _____

Animal Medical Center of Orange
1330 N Glassell, Suite M, Orange, CA 92867
Tel: (714) 997-3686 | Fax: (714) 997-3644

Owner Information

Name (first & last) : _____

Address : _____

Apartment number : _____

City : _____

Zip code : _____

Phone number : (cell) _____

(home phone) _____

E-mail address : _____

Owner's birthday : _____

Spouse's name (first & last) : _____

Spouse phone number : (cell) _____

Were you referred by someone? : ☐ yes ☐ no

Who referred you? : _____

Reminder System

How would you like to receive reminders regarding future / overdue services and appointments
(select all that apply) :

☐ Postcards

☐ E-mails

☐ Phone call / voicemails

☐ Text

Pet Information

Previous veterinary clinic names : _____

Name : _____ **Birthday / Age** : _____

Sex (check ONE) : ☐ spayed female ☐ neutered male ☐ female (not spayed) ☐ male (not neutered)

Species (check ONE) : ☐ canine ☐ feline **Breed** : _____ **Color** : _____

Name : _____ **Birthday / Age** : _____

Sex (check ONE) : ☐ spayed female ☐ neutered male ☐ female (not spayed) ☐ male (not neutered)

Species (check ONE) : ☐ canine ☐ feline **Breed** : _____ **Color** : _____

I agree that, Animal Medical Center of Orange and its employees may take and use photographs of my pets, with or without pet's name, only for such purposes as publicity, illustration, advertising, and web content.

☐ Yes, AMC Orange may take and use photos as described above. Pet's Instagram: @_____

☐ No, AMC Orange may NOT take and use photos as described above.

I hereby authorize the attending Veterinarian at Animal Medical Center of Orange to examine, prescribe for, and/or treat the pet described above. I assume all responsibility for the charges incurred for the care of these animals. I understand that payment is expected at the time the patient is discharged, and a deposit may be required at the discretion of management. An estimate of expected fees is available upon request. I certify that I am 18 years of age or older.

Signature: _____

Date: _____