



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

Client Information

First Name	Last Name	Preferred Phone Number	Alternate Phone Number
Street Address		City, State	Zip Code
Email Address		Date of Birth	
Spouse / Co-Owner Name		Spouse / Co-Owner Phone Number	

How did you hear about us?

Google: _____	Yelp: _____	Sign/Passing By: _____	Other: _____
Friend of Family: _____	Referral Name: _____		

Patient(s) Information

Name	Date of Birth	Sex: M / F	Neutered or Spayed: Yes / No
Dog or Cat	Breed	Color	Date of Last Vaccine
Insured: Yes / No		Microchip ID Number	

Name	Date of Birth	Sex: M / F	Neutered or Spayed: Yes / No
Dog or Cat	Breed	Color	Date of Last Vaccine
Insured: Yes / No		Microchip ID Number	

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 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: _____