

# Fairfield Animal Hospital - New Client Information

Please fill out the information below and return to the staff.

## OWNER INFORMATION

Name: \_\_\_\_\_ (first) \_\_\_\_\_ (last)

And/Or \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Additional # \_\_\_\_\_  
( \_\_ cell or \_\_ landline) ( \_\_ cell or \_\_ landline)

Do you give permission to text to these numbers? \_\_\_ Yes \_\_\_ No

Email : \_\_\_\_\_ - You will receive vaccine reminders and a monthly newsletter via email. Plus, an invitation to our Pet Portal called Petly, there you can access your pet's vaccine records to print, request a prescription refill or an appointment. Emails are strictly confidential.

How did you hear about our practice : \_\_\_\_\_

Client Referral: \_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \_\_\_ Female \_\_\_ Spayed \_\_\_ Male \_\_\_ Neutered

Reason for visit : \_\_\_\_\_

Records: \_\_\_ yes \_\_\_ no Additional information (medical history): \_\_\_\_\_

Do you have pet insurance? \_\_\_ yes \_\_\_ no. Do you give FAH authorization to share medical information with your insurance carrier? \_\_\_ yea \_\_\_ no.

## PAYMENT INFORMATION

Methods of Payment: \_\_\_ Cash \_\_\_ Credit Card \_\_\_ Care Credit \_\_\_ Check (with driver's license #)

All fees are due upon completion of service. I agree to pay in full for services rendered

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

**ADDITIONAL INFORMATION** : I grant FAH permission to use any photographs taken of myself or my pet, in any of its publications. These photographs will become the property of FAH and we reserve the right to edit, alter, copy, exhibit or publish them. In signing this consent I authorize FAH to use my name and my pet's name and information as printed below.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Pet