

3311 MECHANICSVILLE TPK
RICHMOND VA 23223



TEL (804) 329-5553 FAX (804) 228-8301
Frontdesk@farmersveterinary.com

www.farmersveterinary.com

NEW CLIENT INTAKE FORM

Today's Date: ___/___/___

Owner: Mr. / Mrs. / Ms.

First Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone Number: _____ Home/Secondary Number: _____

Email Address: _____

Driver's License or I.D. Card Number: _____ Expiration Date: _____

Partner/Spouse/Co-Owner: Mr. / Mrs. / Ms.

First Name: _____ MI: _____ Last Name: _____

Phone: _____ Email Address: _____

What is your preferred form to receive communication with us?

☐ Email ☐ Cell Phone ☐ SMS/Text Message ☐ other

How did you hear about us?

☐ Drive-By ☐ Google ☐ Facebook

☐ Personal recommendation (Whom can we thank? _____)

Former Veterinary Clinic for your pet(s)

Name: _____ Phone Number: _____

Email: _____

PET INFORMATION

1.) Name: _____

Age/Birthday: _____ ☐ Male ☐ Female

Species DOG Breed: _____ Color : _____

Spayed/neutered? ☐ Yes ☐ No

Medications: _____

Medical History: _____

2.) Name: _____

Age/Birthday: _____ ☐ Male ☐ Female

Species (cat, dog, etc.): _____ Breed: _____ Color : _____

Spayed/neutered? ☐ Yes ☐ No

Medications: _____

Medical History: _____

ONLINE PHARMACY

At Farmers Veterinary Hospital, we are committed to creating the best possible experience for our clients and pet patients. As part of that commitment, we would like to make it as easy as possible for our clients to obtain all of the preventatives and medications that their pets need. Our exclusive on-line pharmacy allows for you to order any flea/tick/ heartworm preventatives and medications for your pet, and have them delivered directly to your home. In order to initiate this service, we can provide you with all the information you need to create an account with this service. You can also visit our web site for more information.

☐ **Yes** – I would be interested in this service

☐ **No Thanks**

STATEMENT OF OWNERSHIP

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if and when it is needed.

Signature: _____ Date: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians and support staff of Farmers Veterinary Hospital to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
- It is understood that an estimate of charges will be given upon request for services. No guarantee or assurance can be made as to the results that may be obtained for services provided.
- **I assume full financial responsibility for all charges incurred by my pet.** I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

For your convenience we accept Cash, MasterCard, Visa, American Express or Discover Card. We also accept Care Credit and ScratchPay.

Signature of Owner: _____ Date: _____

We will do everything in our power to accommodate your schedule at all times. If you cannot make it to any appointments in the future, please call as soon as possible to reschedule or cancel the appointment. PLEASE NOTE that if you don't call ahead of time to reschedule or cancel more than 3 times in a 12 month period, you may be required to leave a non-refundable down deposit for future appointments. Removal of deposit requirement will be at the discretion of Farmer's Veterinary Management.

Peanut Law

- In compliance with the Code of Virginia, we are required to inform you of hours of operation with a doctor in the building. Monday-Friday 9am-6pm. The office is closed Saturday and Sunday. In case of emergency, we would advise the patient be taken to an urgent care or emergency facility.

Signature of Owner: _____ Date: _____

Audio Recordings

- All appointments will be audio recorded to ensure accurate records and quality service. By proceeding with services, you acknowledge and consent to these recordings. Recordings are kept confidential and used only for internal purposes, unless disclosure is required by law.

Signature of Owner: _____ Date: _____



Social Media Consent Form

Dr. Jason Hall, DVM
Dr. Deborah Stratton
Dr. Kate Preston
3311 Mechanicsville Turnpike Richmond, VA 23223
804-329-5553

I hereby give Farmer's Veterinary Hospital permission to take photographs and videos of me and my pet for the purpose of posting on Farmer's Veterinary Hospital's Facebook, Instagram, Indeed, and clinic website.

I hereby release and discharge Farmer's Veterinary Hospital from any and all claims arising out of use of the photos.

Farmer's Veterinary Hospital has my permission to use: (Check One)

- ☐ Only my pet's name(s)
- ☐ My pet's name(s) and my last name
- ☐ My pet's name(s) and my first and last name
- ☐ I wish for neither me or my pets photos or videos to be used.

In signing this consent, I give authorization to use my name and my pet's name as printed below.

Pet's printed name_____

Owner's printed name_____

Owner's signature_____Date_____