3311 MECHANICSVILLE TPK RICHMOND VA 23223



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

www.farmersveterinary.com

NEW CLIENT INTAKE FORM Owner: Mr. / Mrs. / Ms.		Today's Date:	/	/	
First Name:MI:	Last Name:				
Home Address:					
City:Stat	e:ZIP:				
Cell Phone Number: Home/S	econdary Number:				
Email Address:		_			
Driver's License or I.D. Card Number:	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 we Email Cell Phone SMS/Text Message	_				
How did you hear about us? Drive-By Google Facebook Personal recommendation (Whom can we thank?)		
Former Veterinary Clinic for your pet(s) Name: Email:	Phone Number:				

PET INFORMATION 1.) Name:				
Age/Birthday:	Male	Given Female		
Species DOG Breed:		Color :	 	
Spayed/neutered? 🛛 Yes	D No			
Medications:			 	
Medical History:			 	
2.) Name:				
Age/Birthday:	🔲 Male	Female		
Species (cat, dog, etc.):		_Breed:	 _Color :	
Spayed/neutered? 🛛 Yes	D No			
Medications:			 	
Medical History:			 	

ONLINE PHARMACY

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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:
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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	
0		

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:	



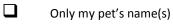
Social Media Consent Form

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)



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	