

Fairfield Veterinary Hospital

Client Information

Last Name: _____ First Name: _____
(Mr/Mrs/Miss)

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ Email
Address: _____

Home Phone: () _____ Work Phone: ()

Cell Phone: () _____

Emergency Contact Name: _____ Phone: ()

Pet Information

Pet's Name: _____ [] Dog [] Cat [] Other

Breed: _____ Date of
Birth: _____

Color: _____ Sex: [] Male [] Neutered [] Female []
Spayed

Pet's Name: _____ [] Dog [] Cat [] Other

Breed: _____ Date of
Birth: _____

Color: _____ Sex: [] Male [] Neutered [] Female []
Spayed

Hospital Policy

It is not our policy to bill. Payment is expected at the time services are rendered. We accept cash, check, Mastercard and Visa.

For your pets protection, all pets staying in out boarding kennel or hospital must be current on their vaccinations.

If you are leaving your pet here, please remove all collars and leashes. We are not responsible for any items lost in the hospital.

I assume responsibility for all charges incurred in the care of these pets. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Owner or Responsible Party _____ Date

Pet Health History Continued

Pet's Name: _____ [] Dog [] Cat [] Other

Breed: _____ Date of Birth: _____

Color: _____ Sex: [] Male [] Neutered [] Female []
Spayed

Pet's Name: _____ [] Dog [] Cat [] Other

Breed: _____ Date of Birth: _____

Color: _____ Sex: [] Male [] Neutered [] Female []
Spayed

Current Medication and Diet

Please list all current medications and diet for each pet.

Pet : _____

Pet : _____

Pet : _____

Previous Veterinarian :

Would you like us to have your pets records transferred to our hospital?
Yes / No.

Fairfield Veterinary Hospital
4804 Nine Mile Rd
Richmond, VA 23223
804-222-2555
Fax: 804-236-0342