

## New Client Information

Owner  Spouse   
First and Last Name First and Last Name

Address   
Street Apt/Unit#

City State Zip Code

Cell Phone  Home Phone

Spouse Cell Phone

Work Phone

If necessary, may we call you at work? Yes  No

E-mail Address

I would like to receive e-mail reminders and periodic information from Farrell Animal Hospital

How would you prefer to be contacted?

- Phone Call
- Text Message
- E-mail

How did you become aware of our Hospital?

- Outdoor Sign or Location
- Previous Client
- Referral
- Yellow Pages
- Facebook
- Internet

If referred, whom may we thank for recommending our practice?

---

ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.  
A DEPOSIT FEE MAY BE REQUIRED IF THE ANIMAL IS BEING HOSPITALIZED.

(Please Complete Second Page)

**Social Media Waiver:**

I give my permission to Farrell Animal Hospital to take pictures of my pet while in the care of the staff at Farrell Animal Hospital and post these pictures on our website and social media network pages, such as Facebook and Twitter

---

Please Sign at Arrival of Appointment

Pet's Name:

Canine  Feline

Breed

Male  Female  Spayed/Neutered

Color

Date of Birth

Previous Clinic  Phone Number   
\*For previous Vaccine history and parasite checks\*

Previous or Current major illnesses

Flea Control Used

Heartworm Prevention Used

---

Pet's Name:

Canine  Feline

Breed

Male  Female  Spayed/Neutered

Color

Date of Birth

Previous Clinic  Phone Number   
\*For previous Vaccine history and parasite checks\*

Previous or Current major illnesses

Flea Control Used

Heartworm Prevention Used