**New Client & Patient Registration**

Date

Owner’s Name:

Spouse/Other:

Address:

City: State: Zip:

Email Address:

Home Phone: Cell: Work:

Employer’s Name & Phone number:

Pet’s Name: Pet’s Date of Birth:

Species: Sex:

* Canine € Male € Neutered € Intact
* Feline € Female €Spayed € Intact
* Other

Breed: Color/Markings:

Previous Veterinarian(s) where past records could be obtained:

Has your pet been treated for illness in the past year? Circle one: Yes No

Specify problem(s), medications & dosages, if known

Preferred contact method?: Email / Postage

How did you hear of Fairfax Animal Hospital?

* Drive By
* Facebook
* Website
* Current Client – who may we thank?

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* Angie’s List
* Yelp
* Google
* Lab Rescue
* Arlington Animal Shelter
* Dog Paws and Cat Claws
* Alexandria Animal Shelter
* Homeward Trails

*I assume responsibility for all charges incurred in the care of this animal. I also understand these charges will be paid at the time of service or release and that deposit may be required for surgical treatment.* Owner Signature or Responsible Party: