

**Merrifield Animal Hospital**

8429 Lee Highway | Fairfax, VA 22031

P: 703.560.1881 | F: 703.560.6207 |

merrifieldah@yourvetdoc.com

**Office use only:**Client info checked ☐Vaccine info entered ☐Microchip # entered ☐**Merrifield Animal Hospital****New Client Form**

Today's date: \_\_\_\_\_

**Client Information:**

Owner's name (First, Last): \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Co-Owner's name (First, Last): \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Patient Information:**

Pets's name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Birthdate or approximate age: \_\_\_\_\_

Pets's name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Birthdate or approximate age: \_\_\_\_\_

**How did you hear about us?**☐ Drive by/sign☐ Internet☐ Personal referral☐ Other

If other, please specify: \_\_\_\_\_

Personal Referral: Is there a client, business, or organization that we can thank for your referral?

\_\_\_\_\_



# Merrifield Animal Hospital Hospital Hours Disclosure

Please Read and Sign Below

Our hospital is typically open Monday through Friday from 7am - 7:30pm, Saturday 8:00am - 4pm, and closed on Sundays.

**\*\*Please check our website for additional closures\*\***

State Law requires our hospital to inform you that Merrifield Animal Hospital is an animal care facility that does not provide 24-hour continuous medical care. In some cases, you and your pet may be referred to an emergency clinic for continued care.

I have read and understand the Hospital Hours for Merrifield Animal Hospital:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Merrifield Animal Hospital

## New Patient Form

*\*PLEASE PRINT/NO CURSIVE\**

### **GENERAL INFORMATION:**

Owner's First & last name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ DOB or approximate age: \_\_\_\_\_

Species: ☐ Canine ☐ Feline Sex: ☐ Male ☐ Female ☐ Neutered ☐ Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Obtained from (name of rescue, shelter, breeder): \_\_\_\_\_

### **LIFESTYLE:**

Indoors \_\_\_\_\_% Outdoors \_\_\_\_\_%

### **DIET:**

☐ Dry ☐ Wet/Canned

Brand: \_\_\_\_\_ Amount: \_\_\_\_\_

**Known allergies, drug, or food intolerance:** \_\_\_\_\_

**Major illnesses/problems (include dates when possible):** \_\_\_\_\_

### **CURRENT MEDICATIONS:**

☐ Flea & Tick – Brand: \_\_\_\_\_

☐ Heartworm preventative – Brand: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**Other pets at home:** \_\_\_\_\_

**Previous animal hospital/vet and phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Consent to Use Photos**

I hereby grant permission to Merrifield Animal Hospital to use images of my pet(s) (print name(s)) \_\_\_\_\_. By granting permission, I affirm I am 18 years of age or older.

Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images and/or videos taken for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images used on Merrifield Animal Hospital's website and social media, such as Facebook.

- ☐ I grant permission for the use of photos of my pets to be used
- ☐ I deny permission for the use of photos of my pets to be used

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

*Please return this form to Merrifield Animal Hospital. Please notify Merrifield Animal Hospital in writing if you would like to withdraw your permission for the use of images at any time.*

*If a copy of this signed form is not provided, please request a copy from Merrifield Animal Hospital.*