

**Sajo Farm Veterinary Hospital**  
**757-464-6009**

**CLIENT INFORMATION**

Mr. Mrs. Miss Ms. Dr. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Other # \_\_\_\_\_ Employer \_\_\_\_\_

Preferred Communication Method: ☐ Cell ☐ Email ☐ Postal Mail ☐ Home

Would you like to receive Text Message Updates: ☐ Yes ☐ No

Social Security Number (Last 4 digits ONLY) # \_\_\_\_\_ (required for any form of payment except cash)

Spouse's Name \_\_\_\_\_ Spouse Social Security (Last 4 digits ONLY) # \_\_\_\_\_

E-mail (one per family) \_\_\_\_\_

To be able to access your pet's Pet Portal, online pharmacy & appointment information.

PATIENT INFORMATION	PET #1	PET #2	Pet #3
<b>NAME</b>			
<b>BREED</b>			
<b>DATE OF BIRTH</b>			
<b>COLOR/MARKINGS</b>			
<b>SEX (MALE/FEMALE)</b>			
<b>SPAYED/NEUTERED?</b>			
May we feature your pet on our Social Media account in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Do you have a Doctor preference that you would like applied to your account?** \_\_\_\_\_

Please list any serious illnesses or surgeries that your pet has had. \_\_\_\_\_

Please list any allergies to vaccines or medications. \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Please list any person(s) permitted to authorize treatment for or bring your pet to our practice: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED; WE ACCEPT LOCAL PERSONAL CHECKS, MASTERCARD, VISA, DISCOVER, CASH, AND CARE CREDIT.**

How were you referred to us (Circle One)? Yellow Pages Yellow Pages (On-line) Street Sign Facebook

www.sajofarmvet.com Pembroke Veterinary Clinic Great Bridge Veterinary Hospital AAHA

Client Referral: \_\_\_\_\_ Bark In the Park Event

Other Veterinary Hospital Referral: \_\_\_\_\_ Web Browser: \_\_\_\_\_

Owner(s) Signature \_\_\_\_\_

\_\_\_\_\_ Date

**For Office Use Only:**

**Receptionist Initials:** \_\_\_\_\_

**Client ID:** \_\_\_\_\_

**VA Disc signed:** \_\_\_\_\_

**Cubex Entry Initials:** \_\_\_\_\_

**Vxn hx obtained/Input:** \_\_\_\_\_