



TOWN & COUNTRY

VETERINARY CLINIC

Welcome

Thank you for giving us the opportunity to care for your pet.

CLIENT INFORMATION

Date _____

Owner _____ DL # _____

Address _____ Apt # _____

City _____ State _____ Zip _____ SSN (_____ / _____ / _____)

Home Phone _____ Cell _____

Work Phone _____ Which number is best to try first? Cell or Home

Email _____

Spouse _____ Spouse Cell or Wk Phone _____

Emergency Contact Name _____ Phone _____

How did you learn about us? Internet Drive by Phone book Recommendation

 Door Hanger Ad Newspaper Ad Other _____

If recommended, by whom (so we may thank them)? _____

I consent to the release of my name and phone number if someone finds my pet. Yes No Initial _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for the charges incurred in the care of this pet. In some cases a deposit may be required before treatment is initiated. I also understand that Town and Country Veterinary Clinic does not offer deferred payment plans and that payment is required at time of treatment.

Client Signature _____ Date _____

PET #1

Pet Name _____ Dog Cat Birthdate (or est. age) _____

Breed _____ Color _____ Is your pet Microchipped? Y N Unknown

Male Neutered? Y N Unknown Female Spayed? Y N Unknown Sex Unknown

This pet lives: Indoors Only Outdoors only Indoors and Outdoors

Has your pet been diagnosed or treated for any of the following?

Arthritis Kidney disease Thyroid disease Heart disease Eye disease

Cancer Heartworms Seizures Allergies _____

Other _____

Has your pet ever had a negative reaction to a vaccine or other medication? _____

Pet's Current Medications _____

PET #2

Pet Name _____ Dog Cat Birthdate (or est. age) _____

Breed _____ Color _____ Is your pet Microchipped? Y N Unknown

Male Neutered? Y N Unknown Female Spayed? Y N Unknown Sex Unknown

This pet lives: Indoors Only Outdoors only Indoors and Outdoors

Has your pet been diagnosed or treated for any of the following?

Arthritis Kidney disease Thyroid disease Heart disease Eye disease

Cancer Heartworms Seizures Allergies _____

Other _____

Has your pet ever had a negative reaction to a vaccine or other medication? _____

Pet's Current Medications _____

Are there additional pets in the home? _____