



★ ★ ★
TOWN & COUNTRY
 VETERINARY CLINIC
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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? _____
