

Thank you for giving Town and Country Animal Hospital, P.C. the opportunity to care for your pet(s). In order to serve you, please fill out the following information as completely as possible. Please print in all spaces.

CLIENT INFORMATION

Name _____ Spouse/Other _____

Street Address _____

City State Zip

Mailing Address _____

City State Zip

E-mail Address _____

Home Phone _____ Work Phone _____

Place of Employment _____ Best Time To Reach You _____

Spouse/Other Employment _____ Spouse Work Phone _____

Driver's License # _____ Social Security # _____

Spouse's Social Security # _____ Children's First/Last Names _____

How did you become aware of our hospital? Yellow Pages Hospital Sign

Previous Client Personal Referral (Whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment method:

Cash Check Visa/Mastercard/Discover/American Express

Care Credit (please ask for details) Insurance

I (We), the undersigned, hereby agree to pay all amounts and charges here after incurred by members of my family for services rendered by this hospital. Failure to make payment when requested is basis for legal action and the undersigned agrees to pay all costs of collection including a reasonable fee and hereby waive their rights of exemption under the law of the state of Alabama and any other state.

DATE _____ **SIGNATURE** _____

PET INFORMATION

Our pet is: Member of our Family Child's Pet Backyard Pet

	Name	Dog	Cat	Breed	Age/ birthday	Color	Sex	Spayed/ Neutered	Date of last physical & vacc.
Pet #1									
Pet #2									
Pet #3									
Pet #4									

Previous medical records may be obtained from: _____

Has your dog been tested for heartworms? Yes, Date/Results _____ No

Has your cat been tested for leukemia? Yes, Date/Results _____ No

Is your pet currently on any medication/preventative? _____ If so, what kind? _____

Any known allergies or drug reactions? _____

Describe your pet's normal diet _____