

TOWN & COUNTRY VETERINARY CLINIC

Patient/Client Information Form

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name _____	Spouse/Other _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____	Cell Phone _____
Owner's Social Security No. _____	Owner's Social Security No. _____
E-mail Address _____	E-mail Address _____
Employer's Name and Address _____	Employer's Name and Address _____
_____	_____
_____	_____

At what time _____ and what phone number is it best to call about your pet?
In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License _____

Preferred Method of Payment: Cash Check Credit Card

Name of Previous Veterinarian where past records could be obtained if necessary

How did you hear of our hospital? Yellow Pages Other
 Individual we may thank? _____

To help prevent the spread of infectious diseases, ALL hospitalized, boarded and groomed animals must be current on all vaccines.

Dogs: DHLPP, Rabies, & CKC

Cats: FVRCP & Rabies

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon pet(s). Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. **I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.**

Signature _____ Date _____

Washington Town & Country Veterinary Clinic

HOSPITALIZATION AND SURGICAL RELEASE FORM

Owner's Name: _____ Date: _____

Address: _____ Phone: _____

Animal Name: _____ Sex: _____

Breed: _____

Date of Birth: _____ Weight: _____ Color: _____

I certify that I own the above describes animal and I do hereby consent and authorize the Town & country Veterinary Clinic, and its staff to hospitalize my pet, and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety, or well being of the above animal while it is under their care and supervision.

If my pet should injure itself in an escape attempt, refuse food soil itself, become ill or die while in the hospital, I will not hold the Town & Country Veterinary Clinic, and staff responsible or liable in the absences of gross negligence.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation fro the bill.

I further agree that is the case of non-payment, a finance charge will be charged and that any collection fees or attorney fees will be paid by me.

PROCEDURE: _____

Owner: _____ Date _____