TOWN AND COUNTRY VETERINARY HOSPITAL NEW CLIENT FORM

2753 116TH AVE, ALLEGAN, MICHIGAN 49010

P: (269) 673-5654 F: (269) 673-4209

WE KNOW YOUR PET'S HEATH IS IMPORTANT AND WE THANK YOU FOR TRUSTING US TO CARE FOR THEM. TO HELP US PROVIDE THE BEST CARE POSSIBLE, PLEASE TAKE A FEW MOMENTS TO FILL OUT THIS FORM COMPLETELY. THANK YOU!

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NAME OF PET OWNER: ____

NAME OF SPOUSE ____

CELL PHONE # ___________________________ ALTERNATE PHONE # ________________________

MAILING ADDRESS: ____

HOW DID YOU LEARN ABOUT OUR CLINIC? ____

PET HEALTH HISTORY

NAME OF PET ____ DOG ☐ CAT ☐

BREED ____________________ COLOR ________________ BIRTHDATE/AGE _______________

MALE INTACT _______ MALE NEUTERED _______ FEMALE INTACT _______ FEMALE SPAYED _______

VACCINE HISTORY: WHERE WE CAN GET COPIES OF YOUR PETS RECORDS?

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REASON FOR VISIT

____
____
____

COUGHING/SNEEZING: _________ HOW OFTEN: ____

VOMITING/DIAHHREA: _________ HOW OFTEN: ____

ITCHING/SCRATCHING: _________ HOW OFTEN: ____

DOES YOUR PET NEED ANY MEDICATION REFILLS? ____

AUTHORIZATION I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, AND/OR TREAT MY PET(S). I ASSUME FULL RESPONSIBILITY FOR ALL CHARGES INCURRED FOR THE CARE OF ALL MY PETS ON MY FILE. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT OR HOSPITALIZATION. I ALSO UNDERSTAND AND AGREE TO A $3.50 BILLING CHARGE AND RESPONSIBILITY FOR ANY COLLECTION CHARGES FOR A BALANCE DUE FOR ANY REASON.

SIGNATURE ____ DATE______________________