

Town & Country Veterinary Hospital

REGISTRATION FORM

Date _____

Owner's Name _____ Co-Owner _____

Address _____ Apt. # _____ City _____

State _____ Zip _____ Home # _____

Owner Information

Employer's Name _____

Employer's Number _____ ext. _____

Driver's License # _____ State _____

Cell Phone # _____

Email _____

Co-owner Information

Employer's Name _____

Employer's Number _____ ext. _____

Driver's License # _____ State _____

Cell Phone # _____

In case of an emergency, please call _____ at telephone number _____

Patient's Name _____ Species: Dog Cat Other: _____

Sex: Male Neutered Female Spayed

Has Your Pet Been Microchipped? Yes No

Breed _____ Color _____ Date of Birth _____

Reason for visit _____

Has your pet been treated for any illness or injuries in the past year? Yes No

Previous veterinarian(s) where past records may be obtained if necessary _____

Specify problems, medications, dosage, behavioral tendencies (e.g., bites, friendly) or any other information you think we may need.

Other Pets

Name	Species	Sex	Neutered	Breed	Color	Date of Birth

How did you first hear of us? Yellow Pages (*Big Book*) Google Sign Referred by: _____

Yellow Pages (*NW Book*) Yahoo City Search Other: _____

I am 18 years of age or older, and I assume responsibility for all charges incurred in the care of this animal. I understand that full payment for services is due at the time of discharge, and a deposit may be required prior to treatment. Unpaid fees are subject to service charges, as well as any or all collection and/or attorney fees necessary to obtain the full amount due Town & Country Veterinary Hospital.

Signature of Owner

Signature of Co-Owner

Grooming Questionnaire

Patient Name: _____

Owner Name: _____

Grooming

1. Has your pet ever been to a groomer before? **Yes / No**
2. Is your pet friendly with other dogs? **Yes / No**
3. Friendly to people? **Yes / No**
4. Does your pet have any fears? (e.g., thunder, noise, etc.) _____

Medical Information

1. Is your pet a current patient of Town & Country Veterinary Hospital? **Yes / No**
If No, Current Veterinarian:
Practice Name: _____ Doctor's Name: _____
City: _____ State: _____ Zip: _____ Phone: _____

2. Is your pet allergic to any medications? **Yes / No**
If Yes, please explain: _____

3. Has your pet ever had a reaction to any vaccines? **Yes / No**
If Yes, please explain: _____

4. Please describe any physical problems that your pet may have, such as deafness, blindness, epilepsy, arthritis, hip or other joint problems, allergies, skin problems, etc.:

5. Please list any medications your pet may be on:

Name	Dosage & Frequency	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner Signature _____ **Date** _____

Grooming Contingencies

_____ I certify the accuracy of all information provided.

_____ I understand that all pets to be groomed at TCVH are required to be parasite free.

_____ My pet is in good health and to the best of my knowledge, has not been exposed to Rabies, Distemper, Leptospirosis, Parvovirus, or other contagious diseases within a thirty-day period, prior to arrival at TCVH.

_____ I certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

_____ I understand and agree that there may be additional charges if:

- my pet requires extra restraint or handling
- my pet's coat requires extra labor due to excessive matting
- my pet's cut requires extra labor due to a specialized style
- my pet requires additional treatment for parasite infestation

_____ I understand and agree that for the safety of the groomer and the pet, my pet may be muzzled during grooming.

_____ I further understand and agree that any problems which develop with my dog/cat will be treated as deemed best by TCVH staff, at their discretion, and that I assume full financial responsibility for any and all expenses involved.

_____ In the event that veterinary medical attention is required and I cannot be reached, I authorize the veterinarians and assistants to perform such treatment as is necessary to preserve the life of my pet, until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied.

_____ I agree to pay all costs and charges for special services requested, and all veterinary costs for the pet during the time said pet is in the care of TCVH. All charges will be paid in full upon pick-up of pet, when billed by TCVH, or when service is otherwise terminated.

_____ I accept sole responsibility for any and all acts or behavior of my pet, while it is in the care of TCVH.

_____ I further understand and agree that TCVH and their staff will not be liable for any problems or injuries which may develop, provided reasonable care & precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my pet's attendance and participation at TCVH.

_____ If I do not pick-up my pet on the scheduled pick-up date, my pet shall be deemed abandoned, and will become the property of Town & Country Veterinary Hospital. This does not relieve me of liability of payment for services.

Every precaution is taken to make sure your pet's stay is as safe and as comfortable as possible. All pets left at TCVH are left at owner's risk.

I have read the above contingencies and agree to them.

Owner's Signature: _____ Date: _____