

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