# TOWN & COUNTRY VETERINARY CLINIC
# NEW CLIENT REGISTRATION FORM

ACCOUNT

OFFICE USE

NAME _____
LAST FIRST MI

DRIVER'S LICENSE NUMBER _____
STATE ISSUED FROM

SPOUSE OR CO-OWNER'S NAME _____
LAST FIRST

PHYSICAL ADDRESS _____
STREET ADDRESS

_____
CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT) _____
STREET ADDRESS

_____
CITY STATE ZIP

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS: _____

## PET NO.1

NAME _____

BIRTH DATE _____

SPECIES: DOG CAT OTHER_____

SEX: MALE FEMALE

BREED _____

COLOR _____

SPAYED (FEMALE) OR NEUTERED (MALE)

DATE OF LAST VACCINES _____

## PET NO.2

NAME _____

BIRTH DATE _____

SPECIES: DOG CAT OTHER_____

SEX: MALE FEMALE

BREED _____

COLOR _____

SPAYED (FEMALE) OR NEUTERED (MALE)

DATE OF LAST VACCINES _____

## PRIMARY REASON FOR VISIT:

_____

_____

_____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE, OR TREAT, THE ABOVE DESCRIBED PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT

METHOD OF PAYMENT ☐ CASH ☐ CREDIT/DEBIT

CHECKS ARE NOT ACCEPTED AS FIRST TIME PAYMENTS

OWNER SIGNATURE _____ DATE _____