



Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Please circle your  
PRIMARY contact number

**Please answer the following to help us better serve your veterinary needs**

Do you have **companion** animals?    **Yes**    or    **No**

|   | NAME | BREED | COLOR | AGE/DOB | MALE/FEMALE | NEUTERED? |
|---|------|-------|-------|---------|-------------|-----------|
| 1 |      |       |       |         |             |           |
| 2 |      |       |       |         |             |           |
| 3 |      |       |       |         |             |           |

Do you require an **Equine** Services?    **Yes**    or    **No**

|   | NAME | BREED | COLOR | AGE/DOB | SEX |  |
|---|------|-------|-------|---------|-----|--|
| 1 |      |       |       |         |     |  |
| 2 |      |       |       |         |     |  |
| 3 |      |       |       |         |     |  |

Do you have **Farm** animals?    **Yes**    or    **No**

|   | BREED | PERSONAL | STOCK |
|---|-------|----------|-------|
| 1 |       |          |       |
| 2 |       |          |       |
| 3 |       |          |       |

**Authorization: I hereby authorize the veterinarian to examine, prescribe for or to treat any animals presented. I assume responsibility for all charges incurred during their care. I also understand that these charges will be paid for in full at the time of services or before the time of release of the patient(s). Any EMERGENCY procedures may require a deposit.**

**I do \_\_\_\_\_ /do not \_\_\_\_\_ give permission for my pet medical records and vaccination history to be released at the discretion of the staff and doctors of Town and Country Animal Hospital**

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_