

# Town and Country Veterinary Clinic

4461 Pleasant View Road

Russellville, AR 72801

Dale Kaufman, DVM Jeana Spradley, DVM

Welcome to our practice!!

Please complete this form so we can get to know you and your pet better.

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Pets Age/DOB \_\_\_\_\_

Owner's Name \_\_\_\_\_ SSN# \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Nearest relative outside household: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn of our practice? (Please check as many as apply.)

Already a Client \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Referral \_\_\_\_\_ Other \_\_\_\_\_

## Pet Health History:

Does your pet have any chronic health problems or allergies to any medications that we should know about? Please describe: \_\_\_\_\_

**In order to keep the flea and tick population under control in the clinic, if your pet is flea or tick infested WHEN ADMITTED to our hospital, it will be treated AT YOUR EXPENSE.**

All hospitalized and boarded animals MUST be current on their vaccinations. **Town and Country requires a RABIES VACC and BORDETELLA VACC for all animals.** Has this animal been vaccinated in the past year?

YES: \_\_\_\_\_ Date: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Where: \_\_\_\_\_

We will gladly prepare a written estimate if you desire (Please ask receptionist). Payment for all services are due at the time they are rendered. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Visa, MasterCard, Discover, and American Express. **WE NO LONGER EXTEND LINES OF CREDIT.** The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoices.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: **Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Credit Card** \_\_\_\_\_

Are you a first time client? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_