

Welcome

Town and Country Veterinary Clinic

4441 Pleasant View Road

Russellville, AR 72801

Dale Kaufman DVM & Jeana Kaufman DVM

Welcome to our hospital. We ask that you please complete this so we can provide you with the best experience possible.

Your Name _____ Spouse/Partner _____

SSN# _____ DL# _____ DOB _____

Address _____

City _____ State _____ ZIP Code _____

Phone# _____ Additional Contact & Number _____

Email Address _____

Place of employment _____ Occupation _____

Employer's Address _____ Phone _____

Pet Information

Pet's Name _____ Breed _____ DOB _____

Color _____ Sex: _____ Has your pet been fixed? _____

Health Concerns/Conditions/Allergies _____

What is this pet's diet? Any people food? Treats? _____

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

All boarding pets are required to be current on vaccinations. Proof of vaccinations is required and if unable to provide proof, we will update them in order to protect your pet and other pets in our care.

FLIP over 

My pet is current on vaccinations Yes No

If yes, please provide date and where vaccines were performed:

We will gladly provide a written estimate. Please let us know BEFORE any services are rendered. Payment for services is due at the time of services. We reserve the right to ask for a 50% deposit before treatment. We accept credit cards, cash and care credit for payment. We do not extend lines of credit. I also give permission for the Veterinarians and under their direction, the staff of Town and Country Veterinary Clinic to anesthetize my pet if needed for the procedure being conducted.

Please Sign _____ Date_____

We look forward to being your partners in your pet's care.

Welcome to the Town and Country Family