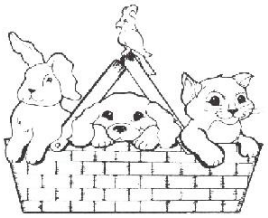
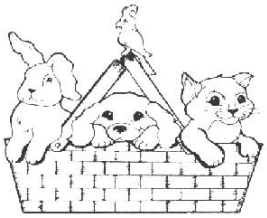


Thank you for choosing

TOWN AND COUNTRY ANIMAL HOSPITAL

Tom Ricks, DVM- Katie Ebers, DVM- Kayla Starling, DVM



Owner Information

_____

Last Name First Name Spouse/Other

_____

Address City State/Zip

_____ _____ _____

Home Phone Cell Phone Work Phone

Date of Birth_____ Driver's License# _____or SS# _____

Employer's Name/Address_____

Email Address_____

How did you choose our hospital? Yellow Pages ____ Internet ____ Sign ____ Yellow Book _____
Referral (please give name so we can thank them)_____

Pet(s) Information

Pet 1: Name_____ Date of Birth_____
Color_____ Breed _____

Sex (Spayed/Neutered) _____

Pet 2: Name_____ Date of Birth_____

Color_____ Breed_____

Sex (Spayed/Neutered)_____

If you have more pets you can write their information on the back of this document.

I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for ALL charges incurred in the care of the animal. I also understand that these charges will be paid at time of release and that a deposit may be required for certain medical/surgical procedures.

_____ _____

Signature of owner Date