



Welcome



REGISTRATION

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Owner		Spouse/Co-Owner	
Address	City	State	Zip
Primary Phone ()		Secondary Phone ()	
Driver License# and/or Date of Birth		Spouse DL#/Date of Birth	
Employer		Spouse Employer	

Pet Desk or Pet Partner is our free app available for download through your app store. You can request appointments 24/7, receive reminders for everything, access your pet's history and vaccines, and know when your pet is ready to go. Please provide us with an email address and use this same email address when signing up in the app. EMAIL _____

How did you learn of our clinic? Phone Book Internet Sign Recommendation
If recommended, by whom? _____

PET HEALTH HISTORY

Name of pet	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		
Breed	Color	Birth Date or Age	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed	
Vaccination History (Date and type of last vaccinations)			
Is your pet on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No Flea and tick prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pet's current medications			
Describe your pet's diet. What brand of food?			
Reason for visit?			

AUTHORIZATION

We work by appointment only so your wait will be minimal and your treatment done efficiently. To help us serve you better we ask for you to please notify us for any changes in your appointment.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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.

After hours emergency care is referred to the Animal ER. They are located across from the Central Mall in the Salina Vet building 5 W Magnolia Rd, Salina, Ks 67401 (785) 820-5555.

Town and Country Animal Hospital has my permission to release [] medical information [] vaccine information regarding my pets to inquiring veterinary, boarding or grooming facilities. _____ initial



Signature of Owner	Date
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Town and Country Animal Hospital

1001 Schippel Drive | Salina, KS 67401 | 785-823-2217 | Fax: 785-823-0143

Financial Policy

Thank you for choosing Town and Country Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Town and Country Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of the discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard or Discover
- Convenient Monthly Payment Plans from Care Credit
(Some conditions apply and subject to credit approval)

We charge 18% interest on all outstanding account balances older than 30 days. If you have an account 45 days past due, Town and Country Animal Hospital may relinquish your balance owed to a collection agency. If the account is turned over to a collection agency there is a one-time collection fee of \$35.00 that is added to the account prior to turn over.

Additional Policy Information:

Town and Country Animal Hospital charges \$30.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

By signing below you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed