



Welcome



REGISTRATION

Owner: _____ Spouse/Co-Owner: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____
 Driver License# and/or Date of Birth: _____ Spouse DL#/Date of Birth: _____
 Employer: _____ Spouse Employer: _____
 Email Address: _____
 Referred: _____

PET HEALTH HISTORY

Name of pet: _____ Species: _____ Breed: _____ Color: _____
 Birth Date or Age: _____ Sex: _____ Spayed/Neutered Yes No
 Is your pet on heartworm prevention: Yes No Flea and tick prevention: Yes No
 Pet's current medications: _____
 Describe your pet's diet. What brand of food: _____

AUTHORIZATION

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 either K-State University Teaching Hospital (785)532-5690 or Veterinary Emergency & Specialty Hospital of Wichita (316)262-5321.

We have my permission to release (**Medical Information** **Vaccine Information**) regarding my pets to inquiring veterinary, boarding or grooming facilities.

We also have permission to publish photos/videos of you and/or your pet. **Yes** **No**

FINANCIAL POLICY

We require 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, Discover or Care Credit
 (Some conditions apply and subject to credit approval)

We charge 18% interest on all outstanding account balances older than 30 days. 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. We also charge \$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:

Signature of Owner: _____ Date: _____