



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). Town & Country is an equal opportunity service provider. So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

First Name: _____ Last Name: _____ Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Spouse Phone: _____

Place of Employment: _____ Work Phone: _____

Drivers License #: _____ E-Mail Address: _____

Please note: We need a Drivers license # to legally dispense any medications

All fees are due at the time services are rendered

Please indicate choice of payment: ___ Cash ___ Check ___ Credit ___ Care Credit
 How did you become aware of us? ___ Drove by ___ Yellow Pages ___ Current Client ___ Other

If referred by a current client, whom may we thank? _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Color			
Age/Birthday			
Sex/spay or neutered?			

Our Pet(s) is: ___ Member of our family ___ Child's Pet ___ Backyard pet ___ Used for hunting ___ Service pet

Do you have your pet's records with you? _____

Name of previous clinic/hospital: _____ Phone: _____

Is there anything else we should know about your pet(s) (serious illnesses, surgeries, special diets, or medications)? _____
