



# Town & Country Animal Clinic

301-774-7111

Date: \_\_\_\_\_

Owner \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse Cell # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn of our clinic?

Yellow Pages

Recommendation

Sign

Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

## Pet Health History

Name \_\_\_\_\_  Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthdate \_\_\_\_\_

Male  Neutered

Female  Spayed

Please any symptoms or problems that you have noticed about your pet.

Behavior Problems

Scooting

Bleeding Gums

Scratching

Breathing Problems

Seems Depressed

Coughing

Shaking Head

Diarrhea

Sneezing

Eye Bulging or Bloodshot

Thirst / Urination Increased

Gagging

Vomiting

Lack of Appetite

Weakness

Limping

Other \_\_\_\_\_

Loss of Balance

Any current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

## 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. If for any reason, a balance is owed on my account for more than 30 days, the account will accrue interest at the maximum rate permitted by law. I will be responsible for all service charges & any fees necessary to collect debt. I also acknowledge that I will be responsible for court costs & reasonable attorney's fees if my account is referred to an attorney for collection.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_