

# 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 \_\_\_\_\_ License# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Spouse \_\_\_\_\_ License# \_\_\_\_\_  
Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**E-mail Address** (for your free pet portal) \_\_\_\_\_

(We respect your privacy and will NOT share your e-mail address with third parties)

How did you learn of our clinic?  Phone Book  Yellow Book (Fiest)  pdcPages  Salina (A T & T)  
 Recommendation  Sign  Other \_\_\_\_\_

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

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

Reason for visit \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

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

Male  Neutered  Female  Spayed

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bad Breath         | <input type="checkbox"/> Gagging                | <input type="checkbox"/> Shaking Head                      |
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Housebreaking Problems | <input type="checkbox"/> Skin Problems/Hair Loss           |
| <input type="checkbox"/> Bleeding Gums      | <input type="checkbox"/> Lack of Appetite       | <input type="checkbox"/> Sneezing                          |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping                | <input type="checkbox"/> Thirst and/or Urination Increased |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Scooting               | <input type="checkbox"/> Vomiting                          |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching             | <input type="checkbox"/> Weakness                          |
| <input type="checkbox"/> Seems Depressed    | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Other _____                       |

Pet's current medications \_\_\_\_\_

Is your pet on heartworm prevention?  Yes  No

Is your pet on flea and tick prevention?  Yes  No

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. In the event that payment options are made there is a finance charge applied at a rate of 18% and in the event that the balance is not paid a collection fee of \$25.00 will be added to my balance prior to turning it over to a collection agency.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment  Cash  Check  MasterCard  Visa  Discover



# Town and Country Animal Hospital

1001 Schippel Drive | Salina, KS 67401 | 785-823-2217 | 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 CareCredit  
(Some conditions apply; minimum amount of \$500.00 and subject to credit approval)

We may offer in-house payment options on a case-by-case basis. We charge 18% interest on all outstanding account balances older than 30 days. If you have an account 90 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 \$25.00 collection fee 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:

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Pet Name

Breed