

Town and Country Animal Clinic

993 Ben Ali Dr

Danville, KY 40422

(859)-236-6020

Your Pet's Medical History

Date_____

Owner's Name_____ Pet's Name_____

Species (Circle one) DOG CAT Other (please specify)_____

Breed_____ Color_____

Sex Male_____ Female_____ Spayed/Neutered Yes_____ No_____

Date of Birth (if known)_____ Age_____

Previous Surgeries or illnesses:_____

Any Behavioral issues?_____

Cats: Vaccinations History (Please supply dates, if known)

Last Physical Exam_____ FVRCP_____ Fecal_____

Rabies Vaccination_____ FeLV_____

Tested for Feline Leukemia/Feline AIDS? Yes No Results_____

On Parasite prevention? Yes No Brand_____

Dogs: Vaccination History (Please supply dates , if known)

Last Physical Exam_____ Distemper/Parvo/lepto_____ Lyme_____

Rabies Vaccination_____ Bordetella_____ Fecal_____

Tested for Heartworms? Yes No Results_____

On Heartworm prevention? Yes No Brand_____

On Parasite prevention? Yes No Brand_____

CLIENT INFORMATION SHEET

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State/Zip _____ County _____

Employer's Name and Address _____

Spouse/Other's Employer Name and Address _____

Phone Numbers	Owner	Spouse/Other
Home		
Work		
Cell		
Other		

In case of Emergency please call _____ at phone number _____

We are collecting e-mail addresses for our own future use to include vaccination reminders, special hospital events or product announcements. We respect your privacy. _____@_____

The Following information is mandatory per Boyle Co. Attorney if paying by check:

Date of Birth _____ Drivers License # _____ Social Security # _____

How did you hear about us? Facebook ☐ sign/location ☐ internet ☐ other ☐

If referred to us by a client, who can we thank? _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or technician.

FULL PAYMENT IS DUE AT THE TIME THE SERVICES ARE RENDERED.

We accept cash, checks (must have DOB, DL#, and SS# above), Visa, MasterCard, Discover, American Express, and Care Credit.

I authorize the doctor(s) of Town and Country Animal Clinic to administer vaccines and parasite control as needed for my pet.

Pets that are being boarded, groomed, or hospitalized will be walked on either a double slip lead or metal chain collar. Some pets are able to escape even with this. **IF YOUR PET IS NOT RELIABLE** on a leash, please indicate such on the comments line below, as well as any known behavioral issues we should be aware of.

Signature: _____ Date: _____

Comments: _____

For office use: Client # _____ Initials _____ Date _____

Town and Country Animal Clinic and Services 993 Ben Ali Dr, Danville, KY 40422 859-236-6020

Town and Country Animal Clinic

993 Ben Ali Dr.

Danville, KY 40422

Phone: 859-236-6020 – Fax: 859-236-6010 – Email: townandcountryvet@att.net

PAYMENT POLICY

It is our policy to collect fees in full when services are rendered, and a deposit is required on services estimated over \$200.00. We accept cash, MasterCard, Visa, Discover, and Care Credit. Checks are acceptable only if a social security, driver's license and date of birth are provided (our collection agreement with Boyle County requires this).

Care Credit is an independent third-party line of credit that you can apply for. You then make payments directly to them, just as you would a credit card. You may apply online or via telephone in about 10 minutes.

We do not have accounts receivable, and we do not send bills.

However, we do understand that emergency services and large veterinary bills can stretch budgets and we will accept "Held Checks" on certain services. These checks are dated the day services are rendered, and then upon an agreed date they will be deposited. At least 50% of the veterinary bill must be paid in full when the animal leaves, unless prior arrangements have been made, and then noted in writing. The full balance must be paid within a four-month period.

An estimate will be made available and fees above and beyond that will be discussed with you before further services will be performed (unless life-saving emergency services must be performed). We will be diligent in our attempts to keep you aware of the cost of services for your pet, and we will encourage you to ask anytime you have questions about the bill.

Signature _____

Date _____

Town and Country Animal Clinic & Services

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Consent to Wireless Telephone Calls: If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services, unless I notify the hospital to the contrary in writing. In this section, calls and text messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messages or by any other form of electronic communication from the hospital, affiliates, contractors, services, clinic providers, attorneys, or its agents including collecting agencies.

Consent to Email Usage: If at any time I provide an email address at which I may be contacted, unless I notify the hospital to the contrary in writing, I consent to receiving discharge instructions, statements, bills, marketing material for new services and payment receipts at that email address from the hospital.

Printed Name

Signature

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Added Safety Control Measure

We want every pet in our care to stay happy and healthy! To help protect all of our patients and prevent the spread of illness or parasites, we require that all pets staying with us for boarding, grooming, surgery, or hospitalization are up to date on their vaccinations and are free of internal and external parasites.

For your pet's safety, all vaccines must be administered by a licensed veterinarian. Dogs are required to be current on Rabies, Distemper/Parvo, and Bordetella vaccines. Cats are required to be current on Rabies and FVRCP/FELV vaccines.

If your pet is not up to date or needs parasite prevention at the time of their visit, we will take care of it for you upon admission (additional charges will apply).

Thank you for helping us keep all of our furry guests safe and healthy! 🐾

Signature: _____

Date: _____