

Town Center Animal Clinic



New Client Info

Thank you for giving us the opportunity to take care of your pet! We'll be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely. Thank you!

Owner Info:

Name _____ Spouse/Partner _____
Address _____ Apt/Unit/Suite# _____
City _____ State _____ Zip Code _____ County _____
Phone #1 _____ Phone #2 _____
Email _____ Employment _____
How did you hear about us? Sign Google Recommendation Other _____
If recommended, by whom? _____

Patient Info:

Pet's Name _____ Species _____ Breed _____
Date of Birth (or Age) _____ Male Female Neutered Spayed Intact

Is your pet allergic to any vaccines or medications? Please explain.

Is your pet on any medications? Please list.

What heartworm/flea prevention is your pet on? How often is it given?

Has your pet had any major medical problems or procedures we should know about? Please explain.

What veterinary clinic may we contact to obtain your pet's medical records?

Are you the owner/legal guardian of this pet? _____ If not, how related? _____ **

***Please note that we cannot treat a pet without the owner's written consent.*

Please list names of other persons (if any) to whom you authorize us to release your pet at time of pickup or following treatment. *(Please note that we will not release your pet to family members, neighbors, et al. without their names appearing below or by written consent from the pet's owner)*

I, the legal owner of the above described pet, being of 18 years of age or older, hereby consent and authorize Dr. Alida Baroco or any other veterinarian employed by Town Center Animal Clinic to examine, prescribe for, and/or treat the above described pet. I certify that I have read, understood, and verified all of the information provided above. I understand that restraining my pet myself during examination or treatment is not recommended. In the event that I choose to restrain the animal myself instead of the trained staff, I understand that I will be assuming all liability for any damages or injuries inflicted by my pet as a result of my actions. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical procedures.

Signature of owner _____ Date _____