



Welcome to Town and Country Vet Hospital and Pleasanton Pet Hotel

Owner: _____

Spouse/Secondary Owner: _____

Address: _____

City: _____ Zip Code: _____



Primary Cell # Mr. Mrs. _____ Mr./ Mrs. Date of Birth _____

Your date of birth required to log controlled substances prescribed to your pet with the state of CA.

Cell # Mr./ Mrs. _____ Cell # Mr./ Mrs. _____ Home # _____

Work Phone (Mrs.): _____ Work Number (Mr.): _____

Personal Email _____ How did you learn about our practice? _____

In the event of an emergency or natural disaster we would like additional phone numbers of someone other than yourself in case you cannot be reached. This can be a friend, neighbor, or a family member.

Emergency Contact Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Pet Name: _____

Pet Name: _____

Pet Name: _____

Species: _____

Species: _____

Species: _____

Breed: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Color: _____

Sex: M F Altered: Y N

Sex: M F Altered: Y N

Sex: M F Altered: Y N

DOB: _____

DOB: _____

DOB: _____

Microchipped YES NO

Microchipped YES NO

Microchipped YES NO

Primary reason for visit _____

Photo Authorization : I hereby authorize Town & Country Veterinary Hospital and Pleasanton Pet Hotel to take photos of my pet and post any and all photos taken to any and all social media platforms

Signature of client/owner responsible for pet(s) _____ Date _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that all professional fees are due at the time services are rendered. We do require that all clients pay with either a credit card, cash, or Care Credit. Thank you.

Signature of client/owner responsible for pet(s) _____ Date: _____