

Towne & Country Veterinary Hospital

8 Caton Road

Corning, NY 14830-3752

Phone (607)937-8222 Fax (607)937-8131

Website: www.towneandcountryveterinaryhospital.com

Email: tcvh@stny.rr.com



CLIENT INFORMATION

OWNER'S INFORMATION

Legal

Name: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____

SPOUSE/CO-OWNER'S INFORMATION

Legal

Name: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____

(DRIVER'S LICENSE NUMBER IS REQUIRED WHEN WRITING CHECKS)

CONTACT (HOME) INFORMATION

Street Address: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

REMINDER PREFERENCE

Postcard Email Text

Phone (Home): () - _____

Phone (Cell): () - _____

Email: _____

PLACE OF EMPLOYMENT

Owner: _____

Spouse/
Co-owner: _____

Phone (Work): () - _____

Phone (Work): () - _____

EMERGENCY CONTACT INFORMATION

In the event of an unexpected emergency where the owner cannot be contacted, please provide us with the information on a second authorized individual. (The owner is still held responsible for the services authorized by the emergency contact person).

Name: _____

Phone (Home): () - _____

Phone (Work): () - _____

Phone (Cell): () - _____

PAYMENT POLICY: Thank you for choosing us as your pet(s)' healthcare provider, we are committed to your pet(s)' health and well being. We realize that every owner's financial situation is different, for this reason we provide a variety of payment options. We accept cash, NY & PA checks, Debit cards, CareCredit (MedCash), Discover, Mastercard & Visa.

Payment is required in full at the time services are rendered.

**REFERRED/
RECOMMENDED BY:** _____

COMPLETE PATIENT INFORMATION ON OTHER SIDE

PATIENT INFORMATION

Pet's Name: _____

Species: Canine _____ Feline _____ (Please specify) _____
Other

Breed: _____

Color/Markings: _____

Sex: Male _____ Male Neutered _____ Female _____ Female Spayed _____

Date of Birth: ____ / ____ / ____ **Microchip#:** _____ **Tattoo#:** _____

Pet's Name: _____

Species: Canine _____ Feline _____ (Please specify) _____
Other

Breed: _____

Color/Markings: _____

Sex: Male _____ Male Neutered _____ Female _____ Female Spayed _____

Date of Birth: ____ / ____ / ____ **Microchip#:** _____ **Tattoo#:** _____

Pet's Name: _____

Species: Canine _____ Feline _____ (Please specify) _____
Other

Breed: _____

Color/Markings: _____

Sex: Male _____ Male Neutered _____ Female _____ Female Spayed _____

Date of Birth: ____ / ____ / ____ **Microchip#:** _____ **Tattoo#:** _____

Pet's Name: _____

Species: Canine _____ Feline _____ (Please specify) _____
Other

Breed: _____

Color/Markings: _____

Sex: Male _____ Male Neutered _____ Female _____ Female Spayed _____

Date of Birth: ____ / ____ / ____ **Microchip#:** _____ **Tattoo#:** _____

COMPLETE CLIENT INFORMATION ON OTHER SIDE