



Tri-County
Animal Clinic

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, **please take a moment and fill out this form completely.** Thank you!

REGISTRATION

DATE: _____

Owner Name _____
Phone Number _____ Cell Phone Number _____
Address _____ City _____
State _____ Zip _____

Spouse Name _____
Spouse Phone _____
Email _____

License # _____ Spouse License # _____

How did you learn about our clinic? _____
Name and Phone number of pet(s) previous Veterinarian/Veterinary Hospital(s) _____

PET HEALTH HISTORY

Name of Pet _____ Dog Cat
Breed _____ Color _____ Birthday (Age) _____
 Male Neutered Female Spayed

Name of Pet _____ Dog Cat
Breed _____ Color _____ Birthday (Age) _____
 Male Neutered Female Spayed

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I understand the hospital policy is to prevent the spread of infectious disease therefore all hospitalized animals must be current on all vaccinations. I assume full responsibility for all charges incurred for the care of this/these animal(s) and know that at any time I can request a treatment plan. I also understand that these charges will be paid in full at the time of service and that a deposit may be required for drop off procedures. I understand that there is a service charge applied to all unpaid transactions. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

We accept cash, checks, all major credit cards, and Care Credit which you can be approved in as little as 10 minutes.

*** ALL RETURNED CHECKS WILL BE CHARGED A \$30 RETURNED CHECK FEE***

****DUE TO STATE LAW ALL ANIMALS MUST BE CURRENT ON RABIES VACCINATIONS****

This vaccination can be updated at the time of your appointment

By checking this box I AGREE that my pet(s) pictures, information, and/or likeness can be used on Tri County Animal Clinics social media sites or website.

SIGNATURE _____ DATE _____