



Town & Country

VETERINARY CLINIC

1605 N. Franklin St, Christiansburg VA, 24073
(540) 382-5042

Client & Patient Information

Due to legal liability, the responsible party must be 18 years or older.

Today's Date: _____ Social Security Number: _____

Client's Name: _____ Spouse/Other: _____

Home Telephone: (____) _____ Cell Phone (____) _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above): _____

Employer: _____ Work Telephone (____) _____

EMERGENCY CONTACT: Name _____ Telephone (____) _____

Name of Previous Veterinarian: _____

City: _____ *State:* _____

How did you first hear of our hospital?

Yellow Pages Hospital Sign

Referring Veterinarian Individual: Someone we may thank? _____

Other: _____

Animal Medical History

Pet's Name				
Species				
Breed				
Color				
Birthdate (approximate)				
Sex (circle one)				
Spayed or Neutered				
Length of time owned?				

DATE OF LAST VACCINES AND VET VISITS

Rabies (Canine or Feline)				
Canine DHLPP				
Canine Bordetella				
Feline FVRCP				
Feline FeLV				
Canine Heartworm Test (Date)				
Heartworm Prevention				
Fecal Exam (Worm Test)				
Prior Surgery				
Prior Illness				