



The Standard of
Veterinary Excellence

New Client Information

We welcome you as a new Town and Country Animal Hospital client. It is a privilege to care for your pet. We look forward to assisting you on a regular long term basis.

Our pets do not speak and depend on us to voice their concerns and questions. We want and welcome all your questions and concerns. Good communication, the foundation of the ongoing Client/Doctor relationship, is a two way process and unquestionably in the best interest of your pet(s).



Please assist us by completing the following information. If anything is not clear, our staff would be pleased to assist you.

How did you find us?

- ☐ Referred by _____
- ☐ Drive by identification ☐ Web Site (www.mynaplesvet.com)
- ☐ AAHA Vet Finder ☐ Direct mail
- ☐ Yellow Pages (DEX) ☐ Other (Please Specify) _____

How many animals do you have? #Dogs _____ #Cats _____

Client Information

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Owner's Name _____

Home Phone _____ Alt. Phone _____

Email Address _____

(We offer a private Vet Portal and Pet I.D. cards to all new clients. Please see the attachment or ask any one of our staff for more details)

Mailing address _____

City/State _____ Zip Code _____

Employer _____

Business Phone _____

Are you a permanent Naples resident? ☐ Yes ☐ No

Please turn page over

Patient Information

☐ Dog ☐ Cat Name _____

☐ Male ☐ Female Spayed/Neutered ☐ Yes ☐ No

Age/ Date of Birth _____

Breed _____ Color _____

Date of last vaccinations _____ Where given _____

Date of last annual examination _____ Where _____

On heartworm prevention? ☐ Yes ☐ No

Microchipped? ☐ Yes ☐ No

Current Medications: _____

Pre-existing Medical Conditions _____

Payment Information (Payment for all services is due when rendered)

Method of Payment: ☐ Cash

Credit Card type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Does your pet have health insurance? ☐ Yes ☐ No

Insurer's Name _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signed _____ Date _____

(Thank you for taking the time to complete this form. Please return the completed form to the receptionist)

Internal Use: C ____ WC ____ V ____