



TOWN & COUNTRY VETERINARY CLINIC

— 24 HOUR EMERGENCY HOSPITAL —
1605 N. FRANKLIN ST., CHRISTIANSBURG, VA
(540) 382-5042

CLIENT AND PATIENT INFORMATION

New Client: Y / N (circle one) Current Client, New Pet: Y / N Pet Insurance: Y / N

Authorized Owner: _____ Spouse: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) - _____ - _____

Cell Phone: (____) - _____ - _____

Email: _____

Referring Veterinarian: _____

How Did You Hear About Us? (please "✓" all that apply): TCVC Billboard TCVC Website
 Regal Cinemas Social Media (Facebook, Instagram, TCVC App) Yellow Pages Next Three Days
 TCVC Sign Google, Yahoo, etc. Existing client (name): _____

New Patient Name: _____ Dog: Cat: Other: _____
Breed: _____ DOB: _____ Age: _____
Color: _____ Sex: M / F Spayed: Y / N Neutered: Y / N

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Breed: _____ DOB: _____ Age: _____
Color: _____ Sex: M / F Spayed: Y / N Neutered: Y / N

Please provide your previous Veterinarians contact information so we can have your pet's medical records faxed to us (vaccination information, bloodwork, etc., needed).

Name: _____ Phone: (____) - _____ - _____

All professional fees are due at the time services are rendered

HOURS OF OPERATION

Town and Country Veterinary Clinic & Emergency Hospital normal business and medical staffing hours:

Sunday-Monday: 7:00 AM-9:00 PM

**This is in accordance with the amendment to the Code of Virginia
54.13806.1.**

Additional charges deemed necessary by a veterinarian will apply for emergency services

**I confirm that I have read this form and understand the staffing hours and care policies of
Town and Country Veterinary Clinic & Emergency Hospital.**

(Signature & Date)

PAYMENT POLICY

At Town and Country Veterinary Clinic & Emergency Hospital, we strive to provide the highest quality of medical care. Prior to any treatment, we will prepare a written estimate of the expected cost of care your pet may need.

All fees incurred are the responsibility of the pet owner. All professional fees are due at the time services are rendered. **We do not accept checks from new clients.** There will be a \$55 service charge along with associated legal fees for any check returned unpaid.

We accept all major credit cards, including **CareCredit**. Should you need assistance applying, we would be happy to provide you with the automated telephone number prior to or during your visit.

**I confirm that I have read the form and understand the payment policies of Town and Country Veterinary
Clinic & Emergency Hospital.**

(Signature & Date)