Town & Country Veterinary Clinic, Inc. 1396 East High Avenue New Philadelphia, OH 44663

Dr. Kimberly Huston Dr. Caitlin Karl Dr. Erin Seeley

Client Information

Owner's Name Last	First		
Spouse/Other Lat	Fi.st		
Address <u>Street/PO Box</u>	City Zip		
Home Phone()	Work Phone()		
Employer's Name and Address			
Spouse/Other Employer	and Phone #()		
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.			
Written estimates are a	vailable upon request, please ask the doctor, technician, or receptionist. If you are paying by		
check or credit card, ple	ease complete the following:		
Credit Card:			
Company	Card #Exp. Date//_		
Personal Check:			
Driver's License #	State		
	Date / /		
How did you first hear of our clinic? Do you consider your pet part of the family or just a pet?			
	Pet Information		
Pet's Name	Species(dog,cat,etc.)		
	Date of Birth/ Color		
Sex: Male	Male Neutered Female Female spayed		
Please list any previous medical history:			

Town and Country Veterinary Clinic Inc 1396 EAST HIGH AVE | NEW PHILADELPHIA, OH 44663 | Phone (330) 339-2363 | Fax (330) 339-1869

Financial Policy

Thank you for choosing Town and Country Veterinary Clinic, Inc. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Town and Country Veterinary Clinic, Inc. requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Visa®, MasterCard® or Discover Card®

By signing below, you agree to the foregoing terms of payment:

- Convenient Monthly Payment Options1 from the CareCredit® Healthcare CreditCard
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly for your entire family without having to reapply1

Additional Policy Information:

Town and Country Veterinary Clinic Inc charges for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Client/Owner Signature	Date
Client/Owner Name (Please Print)	
Pet Name	Breed

¹Subject to credit approval