



27 HARTFORD TURNPIKE • ROUTE 83 • VERNON, CT • 06066 • 645-1700

**Welcome to Town and Country Veterinary Associates!**

**Please fill out the following information so we can get to know you and your pet better.**

Name \_\_\_\_\_ Spouse/partner \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

*Please check here if you are a senior citizen (over 65)*

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone number \_\_\_\_\_

Emergency contact other than self \_\_\_\_\_ Phone number \_\_\_\_\_

**PET HEALTH HISTORY**

Pet's name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Date of birth or Age \_\_\_\_\_  Male  Male neutered  Female  Female spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Microchip number \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

Has your pet had previous vaccinations?  No  Yes – If so, please provide documentation

Name of previous veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Does your pet have any chronic health problems? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

What are you feeding your pet? \_\_\_\_\_

Do you have other pets at home?  No  Yes If so, what kind? \_\_\_\_\_

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**In cases of extensive medical or surgical procedures where full payment may be difficult,  
we accept VISA, Mastercard, Discover and Care Credit.**

**Gayle Block, DVM, MS**

**Lisa DeRosa, DVM**