



Tri-County Veterinary Service



301 N. Kuther Rd.
Sidney, Ohio 45365
Phone 937-492-6536
Fax 937-497-1582

16200 County Road 25A
Anna, Ohio 45302
Phone 937-693-2131
Fax 937-693-3422

Welcome to Our Clinic! New Client Registration

Owner's Name: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

E-Mail Address: _____

Driver's License Number/State Issued: _____ / _____ Exp. Date: _____

How Did You Hear About Us? (Check One): Business Sign: _____ Internet: _____ Facebook: _____

Yellow Pages: _____ Referral: _____ -Referred By: _____

New Patient Information (Please List Additional Pets on Back)

Name: _____ Date of Birth: _____

Dog: _____ Cat: _____ Other: _____ Sex of Pet: Male: _____ Female: _____ Spayed/Neutered: _____

Breed: _____ Color: _____

Has your pet been seen by a veterinarian? Yes: _____ No: _____ Which Veterinarian? _____

Were vaccinations completed? _____ Date (Month/Year): _____

I understand full payment is due at the time services are completed. Please feel free to discuss treatment options, as well as cost, with your pet's doctor. At any time during your pet's treatment a written estimate can be provided at your request. There will be a \$40 fee for any returned checks; re-billing service charges of 2% may be added to account balance if not paid in full. If Tri-County Veterinary Service Inc. should require an outside service to collect a past due amount, all reasonable finance charges and collection fees will be the responsibility of the pet owner.

Signature of Owner: _____ Date: _____

Additional Pet Information

Name: _____ Date of Birth: _____

Dog: _____ Cat: _____ Other: _____ Sex of Pet: Male: _____ Female: _____ Spayed/Neutered: _____

Breed: _____ Color: _____

Has your pet been seen by a veterinarian? Yes: _____ No: _____ Which Veterinarian? _____

Were vaccinations completed? _____ Date (Month/Year): _____

Name: _____ Date of Birth: _____

Dog: _____ Cat: _____ Other: _____ Sex of Pet: Male: _____ Female: _____ Spayed/Neutered: _____

Breed: _____ Color: _____

Has your pet been seen by a veterinarian? Yes: _____ No: _____ Which Veterinarian? _____

Were vaccinations completed? _____ Date (Month/Year): _____

Name: _____ Date of Birth: _____

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Breed: _____ Color: _____

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Were vaccinations completed? _____ Date (Month/Year): _____

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