

Town & Country Animal Clinic
3000 Genesee Street
Cheektowaga, NY 14225
(716) 896-2424

David E. Hansen, DVM, FAVD, Dip. AVDC

Cone-beam CT Policy & Agreement

Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____ Work#: _____

Email Address: _____

Payment is expected in full at the time of your pets discharge. We accept cash, Visa, MasterCard, Discover, American Express & Care Credit. Checks will only be accepted with proper photo ID. **We may require a deposit in advance.**

Because your pet has been referred to us for a Cone-beam CT, upon completion of this procedure we will forward all the pertinent information to your regular veterinarian. In the event that your pet requires medical help in the future, you must call & return to your regular veterinarian. His/her skill and familiarity with your pet makes your veterinarian the best-qualified professional to manage additional problems.

I have read and understand this policy. I further agree to abide with its provisions.

Signature: _____ Date: _____

Patient Information

Pet Name: _____

Circle one:

Breed: _____

Dog or Cat

If Exotic, list species _____

Male or Female

DOB/Age: _____

Neutered or Spayed

Color: _____

Referring Hospital: _____ Doctor: _____