

COUNTRYSIDE VETERINARY CLINIC
Client & Patient Information Sheet

Welcome to the Countryside Veterinary Clinic family. We look forward to developing a lasting relationship with you, and to help you and your pets lead long and healthy lives together. Please take a moment to fill out this form, so we may become better acquainted with the pets you love!

The Doctors and Staff of Countryside Veterinary Clinic

Owner's Name _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Driver's License # _____
 Primary Phone: Home/Cell _____ Alternate Phone: Home/Cell _____
 Employer: _____ Work Phone: _____
 Spouse/Other: _____ Spouse/Other's Phone # _____
 Spouse/Other's Email Address: _____ Spouse/Other's Driver's License # _____
 In case of your absence, is there anyone over the age of 18 (other than the above mentioned) who may authorize treatment and expenses for your pet(s)? _____

Choice of Payment Cash/Checks Visa MasterCard Discover Care Credit

How did you become aware of our clinic? Drove by Yellow Pages Previous Client Internet
 Personal Recommendation (Whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

PATIENT INFORMATION	PET #1	PET #2	PET #3
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed or Neutered			
Current Diet			
Vaccination History – Dog		Vaccine Dates – When Last Administered	
Rabies			
Distemper, Parvo, Corona, Lepto			
Bordetella (Kennel Cough)			
Lymes Vaccination			
Fecal (Stool Sample)			
Heartworm Test/Prevention?			
Vaccination History – Cat		Vaccine Dates – When Last Administered	
Rabies			
Distemper (4 In 1 RCCP)			
Feline Felv/FIV Test			
Feline Leukemia Vaccination			
Fecal (Stool Sample)			
Any previous serious illness or surgeries?			
Any reactions to vaccinations or medications?			
Is your pet on any special diets or medications?			

I hereby authorize the Veterinarians to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal(s). I also understand that a deposit may be required for treatment or services, and that full payment is required at the time of release.

Signature: _____

DEDICATED TO BUILDING HEALTHY CONNECTIONS BETWEEN PEOPLE AND THEIR PETS
WELCOME TO OUR FAMILY