



601 Center Parkway, Yorkville 60560  
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[www.countrysidevetpets.com](http://www.countrysidevetpets.com)

## New Client Form

Client Name:

Additional Names:

Street Address:

Zip Code:

Home Phone#:

Work Phone#:

Cell Phone#:

Email Address:

*Would you like reminders sent to you via email?* Yes      No

Pet Name:

Breed:

DOB/Age:

Any Known Allergies:

Medical Concerns:

Is your pet currently on any medications?(including any otc medication) Yes      No

*If yes, what is the name of it:*

Is your pet currently on any heartworm and/or Flea/Tick prevention? Yes      No

*If yes, which brand :*

**What is your reason for the visit?:**

*How did you hear about us:*

I hereby authorize the veterinarian to examine, treat, and prescribe for the above described pet.

I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional and medication fees are due at the time service is rendered. We accept cash, check, all major credit cards, care credit and scratch pay.

Signature of client responsible for the pet (please sign above)

Date