



Client Information

COUNTRYSIDE
ANIMAL HOSPITAL

Owner/Financially Responsible Party _____ Cell Phone # _____

Co-Owner's Name _____ Relation _____ Cell Phone # _____

Home Address _____ Home Phone # _____

City _____ State _____ Zip Code _____

Please provide an email address where we may send your reminders:

Email: _____

Owner's place of employment _____

May we contact you at work? Yes No Phone # _____

Co-Owner's place of employment _____

May we contact him/her at work? Yes No Phone # _____

Is there someone you would like to list as an emergency contact?

Name _____ Relation _____ Phone # _____

Who may we thank for your referral? _____

Please sign that you have read the following:

If you need to cancel or reschedule an appointment, we respectfully request at least 3 business-hour notice prior to the scheduled doctor or technician appointment, and a 3 business-day notice for scheduled anesthetic procedures.

A deposit is required for all anesthetic procedures and for new clients scheduling their first visit. Any cancellation or reschedule made less than the required time listed above will result in forfeiting the deposit. Missed scheduled appointments will also result in forfeiting of the deposit.

Arriving 15 minutes or later to the scheduled start time is considered a "missed appointment". Rescheduling after forfeiting the deposit will require a second deposit equal to the initial deposit.

I understand that payment is due in full the same day services are rendered. We accept cash, Care Credit, Visa, Mastercard, Discover and American Express.

Signature _____ Date _____



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Pet Information

Owner's Name _____

Pet's Name _____ Breed _____ Color/Markings _____

Date of Birth (ok to estimate) _____ Is he/she microchipped? _____

Circle One: Male Neutered Male Female Spayed Female

Where can we call for previous medical records?

Name _____ City _____ State _____ Phone # _____

General Information

Where did you get your pet? _____ When? _____

Has your pet ever lived outside of the area? Yes No If yes where? _____

Does he/she travel outside of the area? Yes No If yes where? _____

Does your pet go outdoors at all? Yes No

List any other pets living in the household _____

Medical Information

Any known previous injuries, surgeries, or medical problems?

Any known allergies (including allergic reactions to medications/vaccinations) _____

Is your pet currently on any medications or supplements? Yes No

Medication name(s) _____

Has your dog been tested for Heartworm Disease? Yes No When? _____

Is your dog on Heartworm Preventative? Yes No

Has your cat been tested for Feline Leukemia Virus? Yes No When? _____

What type of food does your pet eat? _____

Canned or dry? _____ Cups/day _____