



COUNTRYSIDE
ANIMAL HOSPITAL

CountrySide Animal Hospital
3820 S. Timberline Rd
Fort Collins, CO 80525
970-223-7789

Client Information

Name _____

Spouse/Co-Owner's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____

Secondary Phone _____

Spouse/Co-Owner's Phone _____

Email _____

Media Release Policy: I give CountrySide Animal Hospital permission to post pictures on social media for marketing or educational purposes.

_____ I give permission _____ I do not give permission

List any additional names and phone numbers of those who have the authorization to approve treatment of any kind to the patient(s) named below.

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

_____ I have read and understand

Payment Consent: Payment is due in full at the time services are performed. We accept cash, Visa, MasterCard, Discover, American Express, CareCredit, and Scratch Pay payments. We neither extend credit nor bill for services. If being admitted into the hospital, we will begin the care of your pet once you have signed the client consent & estimate forms. If this is your first visit with us, we will require a deposit that is equal to the examination fee at the time of scheduling. This deposit will be used toward your visit.

_____ I have read and understand

Signature:

_____ Date _____

Pet Information

Pet's Name _____ Age/Date of Birth _____

Species _____ Dog _____ Cat

Breed _____ Color _____

Sex _____ Male _____ Male (neutered) _____ Female _____ Female (spayed)

General Information

Where did you get your pet?

When did you get your pet?

Has your pet ever lived outside the area?

Yes _____ No _____ Where _____

Does your pet travel outside the area?

Yes _____ No _____ Where _____

Does your pet have a microchip?

Yes _____ No _____ Microchip # _____

Medical Information

Where may we call to get previous records? (**clinic name and clinic phone number**)

Any known previous injuries, surgeries, or medical diagnoses?

Any known allergies (including allergic reactions to medication/vaccination?)

Is your pet currently on any medication or supplements?

Has your pet ever exhibited aggressive behavior, bitten or scratched anyone during visits to previous clinics or while in the care of other veterinarians?

_____ No _____ Yes (explain) _____

Additional Pets

Pet's Name _____ Age/Date of Birth _____

Species _____ Dog _____ Cat

Breed _____ Color _____

Sex _____ Male _____ Male (neutered) _____ Female _____ Female (spayed)

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