

Welcome To Countryside Veterinary Clinic!



Thank you for giving Countryside the opportunity to care for your pet(s). We look forward to a long and happy relationship!

Client Information

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home# _____ Work# _____

Cell# _____ Spouse Cell# _____ Alt # _____

Occupation _____ Spouse's Occupation _____

E-Mail Address _____

(Your email provided is for appointment reminders, a "PetPortal" (access to pet(s) vaccine information online), & Countryside related emails *only*)

How did you become aware of our clinic?

- Drove By Directory: __ Blackbook __ Yellowbook __ Other _____
 Internet: (check one) Facebook __ Google __ Bing __ Yahoo __ Instagram __ Yelp __ Other: _____
 Personal Recommendation _____

Does anyone else have permission to make decisions on behalf of your pet?

Name: _____ Main

Contact #: _____

Brief Patient Information

	PET # 1	PET # 2	PET # 3
Name			
Breed			
Date of Birth (approx. if unsure)			
Color			
Female (F), Female Spayed (FS), Male (M) or Male Neutered (MN)?			
Microchip Number (we can scan if unsure)			
Previous Major Illness			
Previous Major Surgery			

May we put a picture of your pet on any of our social media pages and/or website? Yes No

I understand that payment is due in full at time of service. I agree to assume financial responsibility for all professional fees, and agree to pay CVC at the time services are rendered. I understand that a fee of \$25.00 will be incurred for all returned checks.

Signature: _____

Date: _____