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 NameStateZip		
Address	City	State	eZip
Cell#Spc	ouse Cell#	Home#	
Work#	Alt	:#	
Occupation	Spouse's	s Occupation	
E-Mail Address			
Provided for ap	pointment reminders an	d any infrequent importa	nt nospital updates.
	email & login info for all	ownload after giving this devices for access to yos, loyalty stamps, and mo	ur pet's vaccine dates,
How did you become awar			. Oth and
Internet: (check one) Faceboo			
Directory or Mailer: Yellowboo		•	sı ınstagram
Drove By ☐ Personal Recomm	nendation	· · · · · · · · · · · · · · · · · · ·	
Does anyone else have permissioname:	on to make decisions or Main Contac		
We may dis	cuss patient information	n with all individuals listed	d above.
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 unknown)			
Previous Major Illness?			
Previous Major Surgery?			
May we put a picture of your pet	on any of our social med	dia pages and/or website	? (please circle) Yes No
I understand that payment is d	ue in full at time of serv	ice. I agree to assume fin	ancial responsibility for all
professional fees, and agree to pa	ly CVC at the time servi be incurred for all		rstand that a fee of \$35.00 wil
I understand that "no show/no	call" missed veterinary	appointments including s	surgeries, dentals, drop-offs,
I understand Co	and boarding stays nountryside does not prov	nay result in a fee. vide 24-hour supervision	of my pet(s).
	-	-	
Signature:	Date:		