



# Welcome to Countryside Veterinary Clinic!

Primary's Name \_\_\_\_\_ Secondary's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary # \_\_\_\_\_ Text? [ ] Secondary # \_\_\_\_\_ Text? [ ]

Alternative # \_\_\_\_\_ Home [ ] Work [ ] Other [ ] \_\_\_\_\_

E-Mail \_\_\_\_\_ Additional Email \_\_\_\_\_

Does anyone else have permission to make decisions on behalf of your pet? Yes [ ] No [ ]

Name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Contact # \_\_\_\_\_ E-Mail \_\_\_\_\_

### How did you become aware of our clinic?

Google / Internet Search [ ] Yelp [ ] Nextdoor [ ] Facebook [ ] Instagram [ ] Drove By [ ]

Personal Recommendation [ ] \_\_\_\_\_ Other [ ] \_\_\_\_\_

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

*\*\*Download our free app for appointment reminders, vaccine records, clinic updates and to earn points for discounted services!\*\**

	PET # 1	PET # 2	PET # 3
Name			
Breed			
Date of Birth (approximate if unsure)			
Color			
Female (F), Female Spayed (FS), Male (M) or Male Neutered (MN)			
Microchipped? Yes or No			
Previous Major Illness?			
Previous Major Surgery?			

***I agree to assume financial responsibility for all professional fees and agree to pay in full at the time of service.***

***I understand that missed appointments of any kind will result in a fee of at least \$85.***

***I understand that frequent late and missed appointments will result in being required to pay a non-refundable deposit of at least \$85 at the time of booking for all future appointments.***

***I understand that deposits will be applied to the invoice at checkout or kept in the case of missing the appointment.***

***I understand that a fee of \$35.00 will be incurred for all returned checks.***

***I understand Countryside does not provide 24-hour supervision of my pet(s).***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_