



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 \$89.

I understand that frequent late and missed appointments will result in being required to pay a non-refundable deposit of at least \$89 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 \$45.00 will be incurred for all returned checks.

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

Signature: _____ Date: _____