



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: _____