

# COUNTRYSIDE VETERINARY CLINIC

## CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pets! So that we may become better acquainted, please complete the following:

Name: \_\_\_\_\_ Spouse or other responsible party: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(Note: We cannot accept a check without a driver's license and social security number. We do not use this information for any other purpose.)

### **Professional fees are due at the time services are rendered.**

We will gladly prepare a written estimate if you desire. Please ask the doctor.

Please indicate choice of payment:

Cash  Discover  CareCredit

Check  Mastercard

Visa  American Express

How did you become aware of our clinic?

Drove by  Previous Client  Recommended by: \_\_\_\_\_

Yellow Pages  Internet/Website \_\_\_\_\_

Please bring your pet's previous records to your appointment if available.

	Pet 1	Pet 2	Pet 3
Name			
Breed			
Date of Birth			
Color			
Sex—Spayed or neutered?			
Rabies (Tag #)			

Our pet is:  Member of the family  Child's pet  Backyard pet

Any previous major illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medication? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Additional Comments:

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