

COUNTRY PLACE VETERINARY CLINIC, INC.

Welcome to Country Place Veterinary Clinic. So we may provide you with exceptional service, please share information about you and your pet(s). Additional pages are available if needed.

If filling out on phone download adobe acrobat for easy accessibility

CLIENT INFORMATION

Client Name: _____ Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address _____ For reminders, newsletters, updates

Driver's License: _____ Social Security Number: _____

Phone: Home _____ Mobile/Cell _____ Alternate Phone: _____

Employer's Name & Number: _____

Spouse's Employer & Number: _____

Who may we contact in case of an emergency if you are unattainable: _____

Phone number(s): _____ relationship _____

How did you become familiar with our clinic? Pick as many as are relevant.

Another Client: Name: _____

Website Print Ad Yellow Pages Sign

Google Facebook Word of mouth Church Bulletin

TV Angie's List Mail Ad Demand Force

We take pictures of our pet patients to occasionally share on our company website and Social Media.

May we share your pets' photos in these materials? Initials _____ Yes No

A deposit may be required for surgery or hospitalization upon admittance. Full payment is due upon the conclusion of care for each in-patient and out-patient services.

Please indicate your primary choice of payment: Cash/Check Credit/Debit Card Care Credit

PATIENT INFORMATION

Pet's Name: _____ Age/Birth Date: _____ Sex: _____ Spayed/Neutered: Yes No

Species _____ Breed: _____ Color: _____ Micro chipped Yes No

Pet food Brand _____ Amount/Feeding _____ Frequency _____

Treats/vitamins _____ Table Scraps Yes No Occasionally

Has your pet ever shown signs of aggression to other people or pets (growling, snapping, biting, fearful)? Yes No

Date/Year of last veterinary exam _____ Vaccinations _____

If your pet is coming from another veterinarian, may we collect previous records? Yes No

Please provide name of Previous veterinary care provider: _____

Client Signature _____

Date _____