



**COUNTRYSIDE
VETERINARY HOSPITAL
NEW CLIENT FORM**

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Employment _____ Work Phone _____
 E-Mail Address _____ Children's Name(s) _____
 Driver's License No. _____ Social Security No. _____ DOB _____

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED

Indicate primary choice of payment: Cash/Check Discover Visa/MasterCard/AMEX

How did you become aware of our clinic? I am a previous client Yellow Pages Drove By
 Personal or Professional Recommendation (*whom may we thank?*): _____

PATIENT INFORMATION

| | PET #1 | PET #2 | PET #3 |
|------------------------------|-------------|-------------|-------------|
| Name | | | |
| Species (Dog, Cat, etc.) | | | |
| Breed | | | |
| Date of Birth | | | |
| Color | | | |
| Sex: (Spay/Neuter?) | | | |
| Vaccine History – Dog | DATE | DATE | DATE |
| Rabies | | | |
| Distemper-DHLPP | | | |
| Bordetella/Intratrach II | | | |
| Lymes Vaccination | | | |
| Heartworm Test | | | |
| Vaccine History – Cat | DATE | DATE | DATE |
| Rabies | | | |
| Distemper-FVRCP | | | |
| Leukemia Test | | | |
| Leukemia Vaccination | | | |

Any previous illness or surgeries? _____
 Any allergies to vaccinations or medications? _____
 Is your pet on any special diets or medications? _____
 Who was your pet's previous veterinarian? _____

I understand that payment is due when services are rendered, that should my account become delinquent (30 days past due) for any reason, the delinquent account will be charged a 1.5% finance charge monthly, and reasonable account collection fees.

Client Signature: _____ Date: _____