



COUNTRYSIDE ANIMAL CLINIC CLIENT REGISTRATION

Client Name (if over 18 yrs. old):

(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apt #)

(City) (State) (Zip Code)

Primary # _____ H / W / C Secondary # _____ H / W / C

Third # _____ H / W / C Email Address: _____

Driver's License# or SSN: _____ Date of Birth: _____

(Required for check writing privileges)

Employer: _____
(Name) (Address) (Phone Number)

Referred by _____ **Please indicate here if we have permission to post testimonials and/or photos of your pet(s) with their first name & last initial online or in the clinic: YES / NO**

Signature _____ Date _____

Other Person(s) Authorized to make Medical and Financial Decisions:

Name: _____ Driver's License # _____

Address: _____

Home # _____ Work # _____ Cell # _____

Relationship to Client: _____ Date of Birth: _____

Employer: _____
(Name) (Address) (Phone Number)

FINANCIAL RESPONSIBILITY AGREEMENT: Full payment is expected at time of service. I understand that if my account balance is not paid in a timely fashion, I will be responsible for not only the balance due but also for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. Outstanding debts will be assessed with an interest fee of 1.5% per month (18% per annum). Countryside Animal Clinic reserves the right to report any overdue accounts to the Credit Bureaus.

Print Name Signature Date

Print Name (2nd owner) Signature Date

PET INFORMATION

	PET # 1	PET # 2	PET # 3	PET # 4
PET'S NAME:				
DATE OF BIRTH/AGE:				
SPECIES: CANINE/FELINE				
BREED:				
COLOR:				
GENDER:				
SPAYED/NEUTERED?				
LAST RABIES VACC:				
LAST DISTEMPER VACC: (DAPP/FVRCP)				
LAST FECAL EXAM:				
LAST HEARTWORM TEST:				
TYPE OF HEARTWORM PREVENTATIVE USED:				
TYPE OF FLEA & TICK CONTROL USED:				
LAST FELV/FIV TEST: (Feline)				
LAST LEUKEMIA VACC: (Feline)				
LAST LYME VACC: (K9)				
LAST BORDETELLA VACC: (K9)				
LAST LEPTO VACC: (K9)				
CHRONIC HEALTH PROBLEMS:				
LONG TERM MEDICATIONS:				

Previous Veterinarians (name & phone number and/or location):