

Countryside Veterinary Service

New Client Form

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete following:

Client Information

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Phone _____

Place of Employment _____ Best Time to Reach You _____

Driver's License # _____ Social Security # _____

Email _____

How did you become aware of our clinic? Drove By Yellow Pages Previous Client Other _____

Personal Recommendation (Whom may we thank?) _____

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
Name					
Species					
Breed					
Date of Birth					
Color					
Sex (spay or neuter)					

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

All Fees Are Due At The Time Services Are Rendered

I _____ have provided information that is true and correct to the best of my knowledge. I hereby give Countryside Veterinary Service, LLC permission to examine and treat my animal. **Payment is due upon completion of the visit.** Countryside Veterinary Service accepts cash, checks, and credit and debit cards. If legal action is necessary to collect outstanding fees incurred, including but not limited to filing fees, court cost, & attorney or agent fees. We reserve the right to charge a service fee of **18%** each month on any unpaid balances. Any animal left more than 10 days after the Completion of services will be considered abandoned and will become the property of Countryside Veterinary Service. Dr. Stacey Funderburk will have the sole discretion over what to do with the animal.

Signature _____ Date _____