

Client Information

Countryside Animal Clinic 5335 Wayne Terrace Madison, WI 53718 (608) 249-3232

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____
(Spouse/Partner)

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

Home Phone: _____ Cell: _____ Cell #2: _____

Email: _____

Employer: _____ Work Phone: _____

Previous Veterinary Clinic: _____ Phone number: _____

Do you give permission to Countryside Animal Clinic to get medical records Yes No

Referred by: _____
(First and last name) (Address)

Agent Information

Other than you and your spouse/partner listed above, are there any other persons to whom you give primary responsibility for the care of the patient? Yes No

If you have check "Yes" above, please list the name, telephone number, and address for such person(s) in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):

*** Written notice is required to change information below**

(Last and First name) (Address) (Phone)

Animal Information:

Species: Dog Cat Other: _____ Male Female Spayed Neutered

Name: _____ D.O.B. _____ Breed: _____

Color/Markings: _____ any allergies to vaccines or medications? _____

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For future reference do you give Countryside Animal Clinic permission to release medical records to other veterinary clinics/specialty clinics or boarding facilities? Yes No

By signing this document I accept financial responsibility and medications provided for my pet by Countryside Animal Clinic.

Signature: _____

Date: _____

Payment is required after services are rendered We Accept Cash, Check, Visa®, Discover™ and MasterCard®