

Countryside Animal Clinic New Client Information

Payment is required after services are rendered. We accept cash, check, all major credit cards, Care Credit and Scratchpay

Last Name:

First Name:

Last Name:

First Name:

Address:

City:

ST:

Zip:

Home Phone:

Cell Phone:

Cell Phone #2:

Email:

We now offer correspondences, appointment and medical reminders by text and email. Do you want to be on the list? Yes ☐ No ☐

How did you hear about us:

Referred by?

Friend ☐ Website ☐ Facebook ☐ Word of mouth ☐

Animal Information

Species: Dog ☐ Cat ☐ Other

Breed:

Male ☐ Neutered ☐ Female ☐ Spayed ☐

Name:

Birth Date:

Color/Markings:

Allergies: No ☐ Yes ☐ Please list

Animal Information

Species: Dog ☐ Cat ☐ Other

Breed:

Male ☐ Neutered ☐ Female ☐ Spayed ☐

Name:

Birth Date:

Color/Markings:

Allergies: No ☐ Yes ☐ Please list

Previous Veterinary Clinic:

Phone Number:

Do you give permission to Countryside Animal Clinic to obtain medical records? Yes ☐ No ☐

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

Photo Consent

I hereby grant Countryside Animal Clinic permission to use any photographs taken of myself or my pet, in any and all of its publications, including website entries and Facebook, without payment or any compensation. I understand and agree that these materials will become the property of Countryside Animal Clinic and will not be returned. I hereby authorize Countryside Animal Clinic to edit, alter, copy, exhibit, publish, or distribute photos for purposes of publicizing their programs or for any other lawful purpose. In addition, I waive the right to royalties or other compensation arising or related to the use of photographs. I hereby release Countryside Animal Clinic from all claims, demands and causes to action which I, my heirs, representatives, executors, administrators or any other person acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name as printed below. Yes ☐ No ☐

Signature:

Date:

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

Please email to info@countrysideanimalclinic.net