



Welcome to The Country Vet!

TELL US A LITTLE ABOUT YOURSELF...					
Primary Name: <small>(First & Last)</small>				D.O.B.: <small>Required by DEA</small>	
Co-Owner Name: <small>CIRCLE ONE: Spouse? Partner? Other?</small>				D.O.B.: <small>Required by DEA</small>	
Primary Phone #:		Cell Home Work circle one	Co-Owner Primary Phone #:		Cell Home Work circle one
Phone #2:		Cell Home Work circle one	Phone #2:		Cell Home Work circle one
Phone #3:		Cell Home Work circle one	Phone #3:		Cell Home Work circle one
Address:			City:		State/ZIP:
Email Address:					
Occupation:			Employer:		
TELL US ABOUT YOUR FURRY FRIENDS!					
Name:			Name:		
Species: K9 /Feline/Other		Sex: M / F <small>Spayed or Neutered? Intact?</small>	Species: K9 /Feline/Other		Sex: M / F <small>Spayed or Neutered? Intact?</small>
Breed:			Breed:		
Color:		DOB/Age:		Color:	
Any vaccine reactions in the past? Y / N			Any vaccine reactions in the past? Y / N		
Microchipped? Y / N			Microchipped? Y / N		
HOW DID YOU HEAR ABOUT US?					
Friend (Name):					We would love to thank them!
<input type="checkbox"/> YELP	<input type="checkbox"/> Google/Internet Search		<input type="checkbox"/> Clinic Sign	<input type="checkbox"/> Yellow Pages (printed)	<input type="checkbox"/> Other:
GENERAL INFO...					
1. Previous Vet where we may obtain records:					
2. Are you interested in holistic approaches such as acupuncture & herbs? Y / N					
3. Preferred Payment Method (circle one): MC/Visa/Discover Cash CareCredit Card Check*					
<small>* if you will ever be paying by check or may want payment arrangements we require your driver's license number:</small>					
4. Do we have your permission to fax your and/or your pet's medical records or vaccine information to boarding or grooming facilities, other veterinary hospitals, pet insurance companies, etc. if directly related to your pet's care? Y/N					
5. Do you have pet insurance? Y / N <small>*if yes, please present a claim form at the START of each vet visit.</small>					
THE FINE PRINT					
<small>By signing below I certify that I am the owner of the pet/s to be treated and authorize staff at The Country Vet to render any treatment that is deemed necessary for my pet's health. I am able to make medical and/or financial decisions about care. I understand that I may request an estimate for services recommended unless in emergency situations where the vets must act to save my pet's life. I assume full financial responsibility for charges incurred and understand that payment IN FULL is required at the time services are rendered. If for some reason an account is not paid in full balances will accrue billing and interest fees and are subject to collection if not paid within 90 days.</small>					
Signature:					Date:

Thank you for choosing us!