

COUNTRY PLACE VETERINARY CLINIC, INC.

Welcome to Country Place Veterinary Clinic. So we may provide you with exceptional service, please share information about you and your pet(s). Additional pages are available if needed.

CLIENT INFORMATION

Client Name: _____ Spouse Name: _____

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

E-mail address _____ For reminders, newsletters, updates

Phone: Home _____ Mobile/Cell _____ Alternate Phone: _____

Employer's Name & Number: _____

Spouse's Employer & Number: _____

Who may we contact in case of an emergency if you are unattainable: _____

Phone number(s): _____ relationship _____

How would you prefer to receive appointment reminders from us?	Preferred	second choice	least preferred
Phone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you become familiar with our clinic? Pick as many as are relevant.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Another Client: name: _____ | <input type="checkbox"/> sign | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook | <input type="checkbox"/> Church Bulletin |
| | <input type="checkbox"/> Mail Ad | <input type="checkbox"/> Angie's List |
| | <input type="checkbox"/> Demand Force | <input type="checkbox"/> TV |

We take pictures of our pet patients to occasionally share on our company website and Social Media.

May we share your pets' photos in these materials? Initials _____ Yes No

A deposit may be required for surgery or hospitalization upon admittance. Full payment is due upon the conclusion of care for each in-patient and out-patient services.

Please indicate your primary choice of payment: cash/check credit Card Care Credit

PATIENT INFORMATION

Pet's Name: _____ Age/Birth Date: _____ Sex: _____ Spayed/Neutered: Yes No

Species _____ Breed: _____ Color: _____ Micro chipped yes No

Pet food brand _____ Treats/vitamins _____ Table Scraps ___ Yes ___ No ___ Occasionally

Has your pet ever shown signs of aggression to other people or pets (growling, snapping, biting, fearful)? yes No

If your pet is coming from another veterinarian, may we collect previous records? yes no

Please provide name of Previous veterinary care provider: _____

Date/Year of last veterinary exam _____ Vaccinations _____

Client Signature

Date