



WELCOME TO COUNTRYSIDE VETERINARY SERVICE

CLIENT INFORMATION

Date _____ Owner's Name _____

Owner's driver's license number * _____ Owner's Date of Birth * _____

***Required by the State of Michigan for certain medications**

Address _____ City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse's Name _____ Spouse's Cell Phone _____

How did you learn of our clinic? Yellow Pages ___ Recommendation ___ By Whom? _____

 Sign/Driving By ___ Website ___ Other _____

PET INFORMATION

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

AUTHORIZATION

I understand that Countryside Veterinary Service shares after hour emergency duties with Columbia Animal Clinic in Brooklyn, MI. In the event my pet requires care at Columbia Animal Clinic, I authorize the release of my patient and client information.

I hereby authorize the Countryside Veterinary Service veterinarians to examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred in the care of my animals. I understand that **all fees are due at time of service.** (a deposit may be required prior to starting some surgical or other large treatments.) I understand there will be a finance charge of 18% APR (\$3.00 minimum monthly fee), incurred on any unpaid balance.

Signature of Owner _____ Date _____

Method of Payment Cash Check MasterCard VISA Other _____

I give permission for pictures of my pet to be shown on Countryside's Facebook. NO YES _____ (initial)

I give my permission to send medical records to boarding/grooming facilities when the facility calls to request them.
 NO YES _____ (initial)



Additional Pets in the family:

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Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

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