# 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 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)