

COUNTRYSIDE ANIMAL HEALTH CENTER
New Client / Patient Information Form

Owner First and Last Name: _____ **Significant Other / Relative:** _____

Full Address: _____

Primary Phone: _____ **Significant Other / Relative Phone:** _____

Other Phone: _____ **Email Address:** _____

Patient Information

Name of Patient: _____ **Birthdate or Age:** _____

Breed: _____ **Color:** _____

Anything you would like us to know:

Past Veterinary History (Name, Phone Number, City & State)

Policies & Authorizations

I understand Countryside Animal Health Center requires rabies vaccination on all pets to be examined.

Initials: _____

I authorize Countryside Animal Health Center to use my phone number for text reminders, PetDesk, and pet health information.

Initials: _____

I authorize Countryside Animal Health Center to use my email address for email reminders, PetDesk, and pet health information.

Initials: _____

I hereby grant Countryside Animal Health Center permission to use my family and pet's photo(s) on its website, social media, publications, and in-clinic software.

Initials: _____

Payment is due at the time of service.

- Cash
- Check (with valid driver's license matching check information)
- We do NOT accept temporary, post-dated, business, or out-of-state checks
- MasterCard, Visa, Discover, American Express
- **Please Note:** A 3% surcharge will be applied to any credit card transaction.
- CareCredit (person on account must be present)
- Scratchpay
- A monthly finance charge of 1.5% (18% Annual Percentage Rate) will be assessed on past due account
- I have read and understand the above policy.

Client Signature: _____ **Date:** _____

Thank you for your cooperation!

The Doctors and Team of Countryside Animal Health Center

