



COUNTRYSIDE VETERINARY CLINIC NEW CLIENT INFORMATION

Welcome to the Countryside Veterinary Clinic family. To enable us to serve you better, please take a few minutes to fill out this form and bring it with you on your first visit. We are looking forward to meeting you and your pets, and we invite you to get to know us. We look forward to answering any questions or hearing any comments you may have.

--The Doctors and Staff of Countryside Veterinary Clinic

Please Print

Date _____
Owner's Name _____
Spouse/Other _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Employer _____
Mobile Phone _____ E-Mail _____
What time is best to call about your pet? _____ and at what Phone # _____
In case of EMERGENCY, call _____ at phone # _____

How did you become aware of our clinic?

Hospital Sign Yellow Pages WebSite Individual (someone we may thank) Other_

If referred, who may we thank? _____

Pet Information:

1. Pet's Name _____ Dog Cat Other _____ Breed _____
Breed _____ Color _____ Birthdate _____
 Male Neutered Female Spayed

2. Pet's Name _____ Dog Cat Other _____ Breed _____
Breed _____ Color _____ Birthdate _____
 Male Neutered Female Spayed

3. Pet's Name _____ Dog Cat Other _____ Breed _____
Breed _____ Color _____ Birthdate _____
 Male Neutered Female Spayed

Is your pet currently receiving any medication? Yes No What? _____

Does your pet have any known drug allergies? Yes No What? _____

PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE

Cash *Visa*Mastercard*Discover*American Express*Care Credit

Countryside Veterinary Clinic – 1231 N. Knowles Avenue – New Richmond WI, 54017
715-246-5606