



# 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