

Countryside Veterinary Hospital, LLC
NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to **Countryside Veterinary Hospital, LLC**. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care for your best friends.

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about?

Yes No If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Lyme: _____

Kennel cough: _____ Heartworm test: _____ Heartworm preventives? Yes No

Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____

Feline leukemia: _____

Where were the most recent vaccinations given? _____

Who is your previous veterinarian? _____ Phone (____) _____

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

E-mail address _____ Employer _____

For check writing privileges, please provide your Social Security # _____

and Driver's License # _____ Exp. _____.

How did you become aware of Countryside Veterinary Hospital?

Referred by friend Whom may we thank? _____

Referred by veterinarian Whom may we thank? _____

Drove by Brochure Previous client Website, www.countrysidevethospital.com

Yellow pages: Which one? SBC Yellow Pages Yellow Book

We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, and Care Credit. I verify that all the information provided is accurate.

Signed _____ Date _____