

# Countryside Veterinary Service

## New Client Form

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### Client Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_

How did you become aware of our clinic?  Drove By  Yellow Pages  Previous Client

Other \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
<b>Name</b>					
<b>Species</b>					
<b>Breed</b>					
<b>Date of Birth</b>					
<b>Color</b>					
<b>Sex (spay or neuter)</b>					

Does your pet(s) have any medical conditions? \_\_\_\_\_  No Medical Conditions.

### Payment Policy:

*Please read the following carefully & initial upon reading each section*

\_\_\_ I have provided information that is true and correct to the best of my knowledge.

\_\_\_ I hereby give Countryside Veterinary Service, LLC permission to examine and treat my animal.

\_\_\_ **Payment is due upon completion of the visit.**

\_\_\_ Countryside Veterinary Service accepts cash, checks, and Visa, Mastercard, Discover & debit cards.

\_\_\_ If legal action is necessary to collect outstanding fees incurred, including but not limited to filing fees, court cost, & attorney or agent fees.

\_\_\_ We reserve the right to charge a service fee of **18%** each month on any unpaid balances.

\_\_\_ Any animal left more than 10 days after the Completion of services will be considered abandoned and will become the property of Countryside Veterinary Service. Dr. Stacey Funderburk will have the sole discretion over what to do with the animal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_