



# Countrycare Animal Complex New Client Registration Form

Welcome to Countrycare Animal Complex!  
Thank you for giving us the opportunity to care for your family member(s).  
To insure the best care possible, please take the time to fill the form out completely.

## YOUR INFORMATION

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse / Second name on account: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Note: Person's name must be listed on account to receive medical care/information)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Second name phone contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Email is not shared – important for discounts, newsletters, product recalls, etc.)

Preferred contact method for appointment reminders?  Text (cell phone)  Email  Phone Call

## REFERRAL INFORMATION

*How did you find out about us?*

Friend / Relative - Whom should we thank? \_\_\_\_\_

Website /-Internet Search Details: \_\_\_\_\_

Sign / Facility  Mailing / Advertisement  Humane Society/Rescue Group \_\_\_\_\_

Newspaper / Television / Radio  Yellow Pages  Community event \_\_\_\_\_

Veterinarian: \_\_\_\_\_  Other: \_\_\_\_\_

*What factors influenced you to make an appointment with us? (check all that apply)*

Surgical Referral  Second opinion  Convenient location

Holistic Referral  Information received on phone  Convenient appointment

Friend's recommendation  Previous boarding experience  Discount / coupon

Our website  Other: \_\_\_\_\_



# Countrycare Animal Complex Client Authorization Form

## Financial Responsibility:

\_\_\_\_\_ (initials) I assume responsibility for all charges incurred at Countrycare Animal Complex for the care of my animal(s). I also understand that these charges will be paid at the time services are rendered. A deposit may be required for any hospitalization or surgical treatment. We accept Cash, Personal Checks, MasterCard, Visa, Discover and Care Credit.

## Photography / Video Release:

\_\_\_\_\_ (initials) I hereby authorize Countrycare Animal Complex, hereafter referred to as CAC, to publish photographs or videos taken of my pet, and my pet's name and likeness, for use in CAC print, online and video-based marketing materials, as well as other publications. I hereby release and hold harmless CAC from reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and I will not receive financial compensation. The said photos confer no rights of ownership or royalties whatsoever.

\_\_\_\_\_ (initials) I do NOT authorize photos or videos to be used except for privately in our computer system for patient recognition purposes only.

## Medical Record Release:

\_\_\_\_\_ (initials) I hereby authorize Countrycare Animal Complex to release my pet(s) medical records to the following business / person(s) when the business requests information. (initial each that is authorized)

_____	Grooming or Boarding Facility	_____	Humane Society / Rescue group
_____	Veterinary Clinic	_____	Pet Insurance Company
_____	Other: _____		

\_\_\_\_\_ (initials) I do NOT authorize the release of any medical records if required in the future. At that time I will provide written authorization as needed.

This authorization will remain in effect until I revoke such authorization in writing.

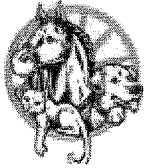
\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Office use:  
Client Chart # \_\_\_\_\_  
Staff Initials \_\_\_\_\_



Countrycare Animal Complex  
**Lifestyle Assessment**  
Avian

PLEASE FILL OUT/REVIEW THIS INFORMATION SO WE CAN BEST CARE FOR YOUR PET

How was the sex determined?

If your bird is female, has she ever given birth?

Is your bird used for breeding?  Yes  No

Where did you get this bird?  Breeder  Private Home  Pet Store  Surrendered

Was your bird handfed?  Yes  No

When was your bird's last molt?

Housing: \_\_\_\_\_

Where is your bird kept?

Describe your bird's enclosure:  
(i.e., size, shape, material)

Is your pet housed alone?  Yes  No

What do you cover the bottom of the cage with?

List enclosure temperatures:

Day  Night

How is your bird bathed? How often?

How often is the cage cleaned, what products are used?

Diet: \_\_\_\_\_

What foods are offered and in what amounts?

Are there any treats offered? What types? How often?

How is the water offered?  Sipper  Bowl  Dropper  Other