



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 forms out completely.

YOUR INFORMATION

Your Name: _____ Date: _____

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

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Emergency contact name/phone: _____

Phone: Home: _____ Work: _____ Cell: _____ Other: _____

Email address: _____

(Email address is important for you to receive newsletters & special savings. Your email is NOT shared)

Preferred method to contact you: Phone E-mail Postal Mail

REFERRAL INFORMATION

How did you find out about us?

- Yellow Pages Newspaper / Television / Radio Humane Society _____
 Sign / Facility Mailing / Advertisement Rescue Group _____
 Veterinarian. Name: _____ Other: _____
 Friend / Relative - Whom should we thank? _____

OTHER SERVICES

What factors influenced you to make an appointment at Countrycare today? (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: _____

Which of the following services might you utilize in the future? (check all that apply)

- Lodging/boarding facility Grooming services Value Package programs
 House call services Evening Hours Product trial programs

Countrycare Animal Complex New Client Registration Form

F A M I L Y & E N V I R O N M E N T

1. How many people live at home? Number of Adults: _____ Number of Children: _____
Names & ages of children living in house: _____
2. Where do you live? City Country Approx. Age of Home/Apartment: _____
3. How many hours a day on average are your pet(s) left alone? _____ hours/day.
4. List the total number of animals at your home:
_____ Dogs _____ Cats _____ Birds _____ Reptiles _____ Small mammals
_____ Other (please list) _____
5. Is there any other information about your home/environment pertinent to your animal's life that you would like to share that may impact your pet's lifestyle? (family member illness/disability, pregnancy, travel etc.)?

C O M M U N I C A T I O N

We always want to address our clients and families in a way that makes them feel comfortable. We can address you in a formal (Mr., Mrs. Dr., Ms.) or more informal way (first or nick name). Please advise us as to how you would like to be addressed.

Mr. Mrs. Ms. Dr. First name Nickname: _____

A U T H O R I Z A T I O N

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 of release and that a deposit may be required for any hospitalization or surgical treatment.

Owner / Responsible Party Signature _____ Date _____

Method of Payment : Cash Check MC/Visa/Discover Care Credit

Would you like us to keep credit card information on file for future transactions? Yes No