



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.

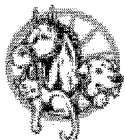
(Printed Name)

(Date)

(Signature)

(Date)

Office use:
Client Chart # _____
Staff Initials _____



Countrycare Animal Complex
Lifestyle Assessment
Canine

Microchipped? Yes No If yes, ID number: _____

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

Nutrition:

Brand of food or diet: _____ Dry Canned
 Number of cups food/meal: _____ Number of feedings/day: One Two Three Free-Choice

What is Your Pet's Exercise Program?

Lifestyle (check all that apply):

Family Pet Hunting Training Breeding Show-Type: _____

Where does your pet sleep? _____

Does your pet travel anywhere outside of Wisconsin? If so, where: _____

How many hours/day is your dog outside? 0-2 hours 2-6 hours 6-12 hours >12 hours

Would you prefer primarily conventional medicine or a natural/holistic approach to your pet's care?

Conventional Medicine (medications, surgery) Integrative Medicine -both conventional & holistic Holistic Medicine (herbs, chiropractic, etc.)

Current Parasite Prevention Program (Check all that apply)

Heartworm: Sentinel Other HW Product: _____ **Fleas & Ticks:** Parastar Bravecto Other Flea/Tick: _____ Year-round Seasonal Apr-Dec

Kennel Cough / Canine Influenza Risk

Places your dog travels (check all that apply) Boarding / Grooming Shows / Dog Events/Training Dog Parks/Neighborhood dogs

Ticks / Lyme Disease Risk

Does your pet go near any woods, tall grass or brush? Yes No
 Do you take your pet hiking, camping or hunting? Yes No
 Have you ever seen a tick on your pet? Yes No

Leptospirosis Risk

Are there skunk, opossum, raccoons or small rodents near your home? Yes No
 Are there livestock / deer near your home / where your pet travels? Yes No
 Does your pet drink from ponds or streams? Yes No
 Do you live in an area that recently changed from rural to urban? Yes No

Reasons to avoid / limit vaccinations:

Any previous reaction to a vaccination? Yes No
 Does your pet have an immune compromising medical condition? Yes No
 A personal preference to avoid vaccinations? Yes No