



# 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 (CAC) 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 and CareCredit. *We do not accept American Express.*

**Cancellation and Late Policy**

\_\_\_\_\_ (initials). I will provide 48 business hours' notice when cancelling or changing an appointment at CAC. I understand that prepayment for future appointments may be required if I do not follow the cancellation policy. If I arrive for my appointment 10 minutes or more late, I understand that I will be asked to reschedule my appointment.

**Photo/Video Release**

\_\_\_\_\_ (initials). Yes, I hereby authorize CAC to publish photos or videos taken of my pet 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/videos. Participation is voluntary and no financial compensation will be received.

\_\_\_\_\_ (initials). No, I do not authorize the use of my pet/s in photos/videos.

**Medical Record Release**

\_\_\_\_\_ (initials). Yes, I hereby authorize CAC to release my pet(s) medical records to animal related businesses when information is requested. This includes boarding/grooming facilities, other veterinary clinics, pet insurance companies and humane society/rescue groups.

\_\_\_\_\_ (initials). No, I do not authorize release of my pet/s medical records.

*These authorizations and policies remain in effect until I revoke such authorization in writing.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Client ID

**Countrycare Animal Complex  
Wellness Lifestyle Assessment**

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

- Was the sex of your bird officially determined?  Yes  No
- If your bird is female, has she ever laid eggs?  Yes  No  N/A
- Is your bird used for breeding?  Yes  No
- Where did you obtain this bird?  Humane Soc./Rescue  Pet Store  Breeder  Private Home
- Is your bird handled frequently?  Yes  No
- When was your bird's last molt?

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

Where is your bird kept (location in home)?

Is your bird housed alone?  Yes  No

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

What do you use to cover the bottom of the cage?

List enclosure temperatures:

Day temperature  Night temperature

How is your bird bathed?

How often is your bird bathed?

How is the cage cleaned?

How often is the cage cleaned?

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

What foods are offered?

In what amounts?

What treats are offered?

In what amounts?

How is water offered?  Sipper  Bowl  Other: