



# 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**

**Medical Care**

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

Conventional Medicine Only  
(medications, surgery)

Integrative Medicine  
(both conventional & holistic)

Holistic Medicine Only  
(herbs, chiropractic, etc.)

**Nutrition:**

Brand of food: Dry:  Canned:  Other (raw, etc):

# of cups/oz food per meal:  # of feedings/day:  One  Two  Three  Free-Choice

**Lifestyle (check all that apply):**

Family Pet  Hunting  Training  Breeding  Show:

**Current Parasite Prevention Program (Check all that apply)**

**Heartworm:**

Sentinel

Other:

Frequency of use:

Year-round  Do Not Use

Seasonal (April - November)

**Fleas & Ticks:**

Bravecto

Other:

Frequency of use:

Year-round  Do Not Use

Seasonal (April - November)

**Kennel Cough & Canine Influenza Risk**

Places your dog travels:  Boarding  Grooming  Training/Show  
 Dog Park

**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, raccoons or small rodents near your home?  Yes  No

Are there livestock or deer near your home or 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 that you are aware of?  Yes  No

Vaccine:

Reaction:

Does your pet have an immune compromising medical condition?  Yes  No

Do you have a personal preference to avoid vaccinations?  Yes  No