



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,

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

Lifestyle :

Indoor Only

Indoor / Outdoor
(supervised)

Indoor / Outdoor
(unsupervised)

Outdoor Only

Boarding

Grooming

Other:

Current Parasite Prevention Program (Check all that apply)

Deworm monthly

Revolution

Bravecto

Deworm every 3 months

Other:

None

Flea / Intestinal Worm Risk

Contact with other animals (including dogs)? Yes No

Have you ever seen a flea on your pet or in your home? Yes No

Do you have rabbits or outdoor cats around your home? Yes No

Feline Leukemia Risk

Do you have multiple cats in your home? Yes No

Do you plan on adding any more cats to your home? Yes No

Has any cat in your house ever test positive for FeLV? Yes No

Reasons to avoid / limit vaccinations:

Any previous reaction to a vaccination? Yes No

Vaccine:

Reaction:

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

Do you have a personal preference to avoid vaccination(s)? Yes No