



# 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**

If your pet is female, has she ever given birth?  Yes  No  N/A

Is your pet used for breeding?  Yes  No

Where did you obtain your  Humane Soc/Rescue  Pet Store  Breeder  Private Home

When did your reptile shed last?

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

Where is your pet kept? (% of time)

Indoors:       Outdoors       Free Roam

Describe your reptile's enclosure:  
(size, location, etc)

Is your pet housed alone?  Yes  No

What kind of heat source do you use?

List enclosure temperatures:

High temperature       Low temperature       Basking

How are heat and humidity measured?

What are the light sources inside your pet's enclosure?

What substrate and other objects are in the enclosure?

How often is the cage cleaned, what products are used?

Does your reptile hibernate? If yes, where and for what time period?

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

What is your pet's primary diet? How often?

Are there any treats offered? How often?

How is the water offered?  Sipper  Bowl  Dropper  Other: