



Countrywide
Large Animal Veterinary Service, PLLC

New Client Information Form

Date _____

Owner Name _____ Social Security Number _____

Spouse _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone Number _____ Residence Phone Number _____

Place of Employment _____ Work Phone Number _____

Email Address _____

How did you hear about our clinic? Whom can we thank for your visit? _____

Patient Information

Name / Tag # _____ Nickname _____

Species Bovine Camelid Caprine Equine Ovine Porcine

Age / Birthdate _____ Breed _____ Color _____ Sex (Circle one): **Male** – **Female** – **Altered Male** – **Altered Female**

Identifying Markings/Brands/Scars _____

Medical History

Is your animal allergic to any know medications? No Yes, Please List _____

Has this animal been treated with any medication such as joint injections, oral, intramuscular or intravenous within the last five (5) days?

No Yes, Please List _____

Client Authorization

I hereby authorize Countryside Large Animal Veterinary Services, PLLC, their attending veterinarians and staff, to examine, prescribe for, and treat the animal owned or leased by me listed above. In the event that my animal requires euthanasia and I cannot be reached for consent, I authorize the attending veterinarian to act on my behalf to end needless suffering, without fear of liability. I assume responsibility for all charges incurred in the care of my animals and will instruct the attending veterinarian if there are any financial or medical limitations to emergency care.

Agent / Owner Signature _____ Date _____



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Financial Responsibility

A CREDIT CARD NUMBER IS REQUIRED

I accept full financial responsibility. I understand that payment IN FULL is required upon release of the animal. It is the policy of Countryside Large Animal Veterinary Services, PLLC to have a credit card on file for surgical patients and hospitalized animals. I understand my credit card will be charged on the following business day after discharge of the animal if another form of payment has not been presented.

I have read and understand this authorization and consent.

Credit Card Number _____ Expiration Date _____ V Code _____

Agent / Owner Signature _____ Date _____

Charge this card for future visits; Yes No

Additional Patient Information

Name / Tag # _____ Nickname _____

Species Bovine Camelid Caprine Equine Ovine Porcine

Age / Birthdate _____ Breed _____ Color _____ Sex (Circle one): Male - Female - Altered Male - Altered Female

Identifying Markings/Brands/Scars _____

Medical History

Is your animal allergic to any know medications? No Yes, Please List _____

Has this animal been treated with any medication such as joint injections, oral, intramuscular or intravenous within the last five (5) days?
 No Yes, Please List _____

Training / Boarding Information

Training / Boarding Facility Name _____

Facility Contact Name _____ Phone Number _____

Facility Physical Address _____

City _____ State _____ Zip Code _____

Consent for Agent Authorization of Veterinary Services

I, _____ (the owner), in conjunction with the agreement between myself and _____ (agent), for the boarding / training of my animal(s) understand that it may, from time to time be necessary that veterinary examination, treatment or consultation be provided. In the absence of specific written to the contrary, I hereby authorize the above named individual to act as my agent in the arrangement for such services with a licensed veterinarian. Further, I agree to be responsible for the payment of all fees incurred, this payment to be made directly to the hospital.

Owner Signature _____ Date _____

(Staff) Initial and Date _____