

# WELCOME TO COUNTRYSIDE ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs better by taking a few minutes to give us the important information we will need as we provide for your pet's care today and in the future.

Name of Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

(IF YOU HAVE A P.O. BOX, PLEASE GIVE YOU STREET ADDRESS ALSO)

ZIP Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Alabama Drivers License # \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you pay by check we will need to photocopy your license We will NOT send you unwanted email. This allows us to send reminders and useful information

## PET INFORMATION

Pet No. 1

Pet No. 2

Pet No. 3

Pet No. 4

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender:\* \_\_\_\_\_

Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Microchip:\*\* \_\_\_\_\_

\*Please indicate if pet is spayed or neutered - Female (S), or Male (N) \*\*If unknown, we can scan your pet for its microchip

**Please read the next 3 paragraphs carefully and acknowledge that you have done so by signing below.**

If any of your pets has special problems or needs that we should know about, and you would like to provide us with more information or a history of medical and surgical details, ask the receptionist for a Patient Information Record. We welcome any records from previous vets, and we will gladly make a call to any veterinary clinic to obtain this information.

I am the owner (or authorized agent for the owner) of the above-described animal(s), and have the authority to give this consent. I hereby consent to the Hospital Policy of Countryside Animal Hospital and agree to pay for all services performed at my request. I understand that all vaccinations will be given, and any products may be used to rid my pet(s) of internal or external parasite infection if necessary prior to Hospital admission, and that I am required to pay for these services. I agree to remove said animal(s) within 5 days after a request for removal is made. I also agree to the use of appropriate anesthetics or other medications, and I understand that Hospital personnel will be employed as deemed necessary by Dr. Hubbard or his associates. I also understand that if my pet is aggressive when handled or examined, all appropriate and humane restraint measures may be utilized, and if my pet is overly aggressive, examination and treatment may be denied. All pets admitted for boarding, bathing, surgery or hospitalization must be current on all immunizations unless contraindicated by a medical condition.

We accept cash, personal checks (except third party), debit cards, and all major credit cards as payment. **WE DO NOT EXTEND CREDIT. PLEASE DO NOT ASK FOR CREDIT.** We offer Care Credit and Payday Loan arrangements. Ask the receptionist about applying for Care Credit. If you don't have a checking account or have bad credit, you may not be approved for these payment options. **Please be prepared to pay your bill IN FULL when you check out.** In cases that require hospitalization, a deposit not less than \$100 nor more than \$500 may be required. If you have concerns about the cost of your pet's treatment or your ability to pay, **INFORM THE RECEPTIONIST OR TECHNICIAN BEFORE THE DOCTOR SEES YOUR PET.** An estimate of charges is available upon request.

**PREFERRED FORM OF PAYMENT:** [ ] CASH [ ] CHECK [ ] DEBIT CARD [ ] CREDIT CARD [ ] CARE CREDIT

**I have read and understand this form completely, and I agree to pay the normal charges for these services and if necessary I agree to pay any costs associated with collection, including reasonable attorney fees.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(OR AUTHORIZED AGENT FOR OWNER)

**Thank you! For our records, how did you hear about us?** \_\_\_\_\_

