



## NEW PATIENT & CLIENT INFORMATION

Welcome to Countryside Veterinary Medical Group. So we may provide you with the best possible service, please share information about you and your pet(s). Our mission is to provide our clients with compassionate veterinary health and wellness care. We also offer boarding.

### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Spayed/Neutered? Y/N

Species: Dog \_\_\_ Cat \_\_\_ Bird \_\_\_ Ferret \_\_\_ Rabbit \_\_\_

Other \_\_\_\_\_

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

Pet's Date of Birth (Month/Day/Year):

\_\_\_ / \_\_\_ / \_\_\_

Reason for bringing pet in:

\_\_\_\_\_  
Does your pet have any allergies, special medications, or health problems we should know about?

\_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_

Treats \_\_\_\_\_

Dates of last Vaccinations:

Dogs: DHLPP (Distemper combo): \_\_\_\_\_ Rabies: \_\_\_\_\_ Kennel Cough : \_\_\_\_\_

Lyme: \_\_\_\_\_ Fecal: \_\_\_\_\_ Heartworm Test: \_\_\_\_\_

Is your dog on Heartworm preventative? Yes \_\_\_ No \_\_\_

Cats: FVRCP (Distemper combo): \_\_\_\_\_ Rabies: \_\_\_\_\_ Feline Leukemia: \_\_\_\_\_

Where were the most recent vaccinations given?

\_\_\_\_\_

Who is your previous veterinarian? \_\_\_\_\_

Phone(\_\_\_\_)\_\_\_\_\_

**CLIENT INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse's first name: \_\_\_\_\_ Spouse last name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_)\_\_\_\_\_ Work phone (\_\_\_\_)\_\_\_\_\_ ext. \_\_\_\_\_

Cell phone: (\_\_\_\_)\_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

For check writing privileges, please provide your Driver's License ID number:

\_\_\_\_\_ and Date of Birth (Month/Day/Year) : \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you learn about Countryside Veterinary Hospital? (Check one)

Referred by friend \_\_\_\_\_

Whom may we thank? \_\_\_\_\_

Referred by veterinarian \_\_\_\_\_

Whom may we thank? \_\_\_\_\_

Drove by \_\_\_\_\_

Yellow Pages \_\_\_\_\_

Internet \_\_\_\_\_

We require payment when services are rendered. For your convenience we accept cash, check, Visa, MasterCard, Discover, and American Express.

I verify that all information provided is accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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