



Client Information Form

Date _____

*Must be at least 18 years of age to complete this form

Owner Name _____ Driver's License Number _____

Spouse _____ Driver's License Number _____

Cell Phone Number _____ Alternate Phone Number _____

Email _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Place of Employment _____ Work Phone Number _____

Referral: How did you hear about Countryside Large Animal Vet? _____

Agent/ Trainer / Boarding Information

Agent/Trainer/Facility Contact Name _____ Phone Number _____

Training / Boarding Facility Name _____

Facility Physical Address _____

City _____ State _____ Zip Code _____

Financial Responsibility

I accept full financial responsibility for veterinary care performed by Countryside Large Animal Veterinary Services, PLLC. I understand that payment IN FULL is due at the time of service. If my animal requires surgery and/or hospitalization, I understand that a credit card is required to be on file. I understand my credit card will be charged on the day of discharge of the animal or 24 hours after surgery, and weekly thereafter, if the patient remains hospitalized, if another form of payment has not been presented.

I have read and understand my financial responsibility. **Owner/Agent Signature** _____

CREDIT CARD AUTHORIZATION

Credit Card Number _____ Expiration Date _____ V Code _____

Cardholder Signature _____ Date _____ Billing Zip Code _____

Keep this card on file to charge for future visits Yes No

Please complete other side of this form



Patient Information

Name/Tag# _____ Nick Name _____
Species: Horse Bovine Goat Sheep Swine Camelid
Age/Birthdate _____ Breed _____ Color _____ Sex(circle): Male Female Castrated Male Spayed Female
Identifying Markings/Brands/Scars _____

Additional Patient Information (If Applicable)

Name/Tag# _____ Nick Name _____
Species: Horse Bovine Goat Sheep Swine Camelid
Age/Birthdate _____ Breed _____ Color _____ Sex(circle): Male Female Castrated Male Spayed Female
Identifying Markings/Brands/Scars _____

Veterinary Care 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, without fear of liability. I assume responsibility for all charges incurred in the care of my animal(s) and will instruct the attending veterinarian if there are any financial or medical limitations to emergency care.

I have read and understand this authorization and consent. Owner/Agent Signature _____

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 _____

Photography Release

I hereby give permission to Countryside Large Animal Veterinary Services, PLLC, to publish photographs and videos taken of myself and/or the minor child or children listed below, as well as our animals and our names and likenesses, for use in Countryside's print and online promotional materials (for example, Countryside's Facebook page, Instagram, website and newsletter).

I understand that the images and videos may be used in print publications, online publications, presentations, website and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

Child's Name _____ Animal's Name _____

Parent/Guardian's Signature _____ Printed Name _____

(Staff) Initial and Date _____