



1936 N Andover Road  
Andover, KS 67002  
(316) 733-8433  
countrysidepetclinic@nvanet.com

**CLIENT INFORMATION**

**Date:** \_\_\_\_\_

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work # \_\_\_\_\_

Spouse's Employer's Name \_\_\_\_\_ Work # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

**Emergency Contact** (name **AND** number) \_\_\_\_\_

**E-MAIL ADDRESS :** \_\_\_\_\_

**(We respect your privacy and will NOT share e-mail address with third parties)**

**Pet(s) Information**

**PET #1**

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ M/F \_\_\_\_\_

Birth date or Approx. Age \_\_\_\_\_ Canine / Feline / Other \_\_\_\_\_ Spayed / Neutered? \_\_\_\_\_

Pet's Diet: \_\_\_\_\_ Any Known Allergies \_\_\_\_\_

**PET #2**

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ M/F \_\_\_\_\_

Birth date or Approx. Age \_\_\_\_\_ Canine / Feline / Other \_\_\_\_\_ Spayed / Neutered? \_\_\_\_\_

Pet's Diet: \_\_\_\_\_ Any Known Allergies \_\_\_\_\_

**How did you first hear about us?**

Location/Clinic Sign   Magazine/Print Ad   Facebook   Clinic Website   Internet

Individual \_\_\_\_\_ Other \_\_\_\_\_

**Preferred Method of Payment:** Cash   Check   Visa   MasterCard   Discover   AMEX

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment to be rendered. All overdue invoices are subject to a 1.5% monthly (18% annual) service charge (minimum charge of \$3.00)

**Owner or Responsible Party** (signature) \_\_\_\_\_