



1938 N Andover Road

Andover, KS 67002

(316) 733-8111

countrysidepetresort@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 # _____

Driver's License # _____ State _____ Exp. Date _____

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) _____