



# Countrycare Animal Complex New Client Registration Form

Welcome to Countrycare Animal Complex!  
Thank you for giving us the opportunity to care for your family member(s).  
To insure the best care possible, please take the time to fill the forms out completely.

## YOUR INFORMATION

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Second name for account: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Note: Person's name must be listed on account to receive medical information)

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

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

Employer: \_\_\_\_\_ Emergency contact name/phone: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

(Email address is important for you to receive newsletters & special savings. Your email is NOT shared)

Preferred method to contact you: Phone  E-mail  Postal Mail

## REFERRAL INFORMATION

### How did you find out about us?

- Yellow Pages
- Newspaper / Television / Radio
- Humane Society \_\_\_\_\_
- Sign / Facility
- Mailing / Advertisement
- Rescue Group \_\_\_\_\_
- Veterinarian. Name: \_\_\_\_\_
- Other: \_\_\_\_\_
- Friend / Relative - Whom should we thank? \_\_\_\_\_

## OTHER SERVICES

### What factors influenced you to make an appointment at Countrycare today? (check all that apply)

- Surgical Referral
- Second opinion
- Convenient location
- Holistic Referral
- Information received on phone
- Convenient appointment
- Friend's Recommendation
- Previous boarding experience
- Discount / Coupon
- Our Website
- Other: \_\_\_\_\_

### Which of the following services might you utilize in the future? (check all that apply)

- Lodging/boarding facility
- Grooming services
- Value Package programs
- House call services
- Evening Hours
- Product trial programs

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## **F A M I L Y   &   E N V I R O N M E N T**

1. How many people live at home?    Number of Adults: \_\_\_\_\_    Number of Children: \_\_\_\_\_  
Names & ages of children living in house: \_\_\_\_\_
2. Where do you live?     City     Country    Approx. Age of Home/Apartment: \_\_\_\_\_
3. How many hours a day on average are your pet(s) left alone? \_\_\_\_\_ hours/day.
4. List the total number of animals at your home:  
\_\_\_\_\_ Dogs    \_\_\_\_\_ Cats    \_\_\_\_\_ Birds    \_\_\_\_\_ Reptiles    \_\_\_\_\_ Small mammals  
\_\_\_\_\_ Other (please list) \_\_\_\_\_
5. Is there any other information about your home/environment pertinent to your animal's life that you would like to share that may impact your pet's lifestyle? (family member illness/disability, pregnancy, travel etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

## **C O M M U N I C A T I O N**

We always want to address our clients and families in a way that makes them feel comfortable. We can address you in a formal (Mr., Mrs. Dr., Ms.) or more informal way (first or nick name). Please advise us as to how you would like to be addressed.

Mr.     Mrs.     Ms.     Dr.     First name     Nickname: \_\_\_\_\_

## **A U T H O R I Z A T I O N**

I assume responsibility for all charges incurred at Countrycare Animal Complex for the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for any hospitalization or surgical treatment.

Owner / Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment :     Cash     Check     MC/Visa/Discover     Care Credit

Would you like us to keep credit card information on file for future transactions?     Yes     No