



**COUNTRY HILLS**  
VETERINARY CLINIC

**NEW CLIENT INFORMATION**

Thank you for choosing Country Hills Veterinary Clinic! Please complete the following:

**Client Information:**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Would you like to receive your reminders by email? Yes No  
If yes, please provide email address: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Personal Recommendation (Who may we thank?) \_\_\_\_\_

\*We accept cash, check, visa, mastercard, discover card, and care credit.

\*Payment is due at the time services are performed. We do not bill.

**Patient Information:**

**Pet #1:**

Name: \_\_\_\_\_  
Sex: Male or Female? \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_  
Species (dog, cat, etc..) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Is your pet on any medications? \_\_\_\_\_  
If yes, please list: \_\_\_\_\_

**Pet #2:**

Name: \_\_\_\_\_  
Sex: Male or Female? \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_  
Species (dog, cat, etc..) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Is your pet on any medication? \_\_\_\_\_  
If yes, please list: \_\_\_\_\_

Anything additional we need to know?