



## WELCOME TO COUNTRY CLUB ANIMAL CLINIC

*Please help us get to know you!*

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Mr/ Mrs/ Ms/ Dr/** \_\_\_\_\_

**Local Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Second Address, notes (if applicable): \_\_\_\_\_

**Employer/ Job Title:** \_\_\_\_\_

Is it OK to call you at work, in a non-emergency situation?

YES

NO

**Phone** *(Please note with asterisk \* which number(s) we should try first!)*

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

**Spouse/ Co-owner:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I prefer to receive pet health care reminders by:  Email  US Mail  No Reminders Please

Is there another person to whom we may release your pet and/or information about your pet, if asked? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### How did you hear about us?

Friend/ Acquaintance (Whom may we thank?): \_\_\_\_\_

Online Search  Print ad/ article  TV Ad  Radio Ad  Charity Event

Yellow Pages  Other: \_\_\_\_\_

**Please note, all fees are payable at time of service! Please feel free to discuss all fees with the doctor or assistant before services are performed.**

I accept these terms and agree to pay by the following method:

Cash  Personal Check (please provide CADL#): \_\_\_\_\_

Visa, Mastercard, or Discover: Once scanned, this number may be securely held electronically for future transactions, **if you so choose**. You will be offered this option at time of check out.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please provide information about each pet:**

**Name:** \_\_\_\_\_ **Age/ DOB:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Dog/ Cat/ Other:** \_\_\_\_\_ **Breed/ Type:** \_\_\_\_\_

**M/FSpayed/Neutered?** \_\_\_\_\_ **Color/ Markings:** \_\_\_\_\_

**If this is a new pet, where did you get it?** \_\_\_\_\_

**Goes outside:**      **Never**              **Onleash only**              **Back Yard**              **Roams Free**

**Visits:**              **Groomer**              **Dog Park**              **Kennel**              **Other:** \_\_\_\_\_

**Eats:** \_\_\_\_\_

**Existing medical problems or conditions:** \_\_\_\_\_

**Current medications:** \_\_\_\_\_

**Other pets in the household:** \_\_\_\_\_

**Special precautions we should take:** \_\_\_\_\_

**Has this pet ever bitten, or tried to bite: a person or another animal?** \_\_\_\_\_

**This pet's previous or alternate veterinarian(s):** \_\_\_\_\_

By signing below, I hereby authorize the immediate transfer/ sharing of all medical records pertaining to my pet named: \_\_\_\_\_ with Country Club Animal Clinic, including vaccinations, results of examinations, diagnostic or screening tests, and medications prescribed. These may be sent by fax to: 760-776-7555/ or if time permits, by mail to: 36869 Cook Street, Suite 103, Palm Desert CA 92211.

Please also transmit records pertaining to my other living pet(s).

I also authorize Country Club Animal Clinic to transmit future records regarding my pet(s) at the request of \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Other name(s) on record:** \_\_\_\_\_

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