



Welcome to Country Oaks Veterinary Clinic!

352-347-PETS

Client Information

Name _____ Date _____
Last Name First Name Initial

Driver's License Number _____

Address _____

City _____ State _____ Zip _____ Home phone _____

E-mail Address _____ Mobile phone _____

Preferred Communication Method: Email ☐ Text ☐ Phone Call ☐

Employer _____ Occupation _____

Business Address _____ Work phone _____

Spouse/co-owner _____ Phone _____

How did you learn about our practice? _____

Notify in case of emergency _____ Phone _____

Number of Pets _____ Seasonal traveler? (where) _____

Pet Health History

Pet's Name _____ ☐ Dog ☐ Cat ☐ Other _____

Age/DOB _____ Sex ☐ Male ☐ Female Breed _____ Color _____

Neutered/Spayed ☐ Yes ☐ No At what age? _____ Diet _____

Current medications your pet is taking _____

Reason for pet's visit today _____

Vaccines/General Wellness

<input type="checkbox"/> Distemper/Parvo (dogs)	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Feline Leukemia/Aids test (cats)
<input type="checkbox"/> Bordetella (dogs)	<input type="checkbox"/> Intestinal Parasite Test	<input type="checkbox"/> FVRCP (cats)
<input type="checkbox"/> Lyme (dogs)	<input type="checkbox"/> Wellness Bloodwork	<input type="checkbox"/> Allergy vaccines
<input type="checkbox"/> Influenza (dogs)	<input type="checkbox"/> Dental Cleaning	<input type="checkbox"/> Major surgery
<input type="checkbox"/> Prior illness _____		<input type="checkbox"/> Known allergies _____

We will gladly prepare a written treatment plan/estimate of service fees if you desire (please ask our staff). **All fees are due at the time services are rendered.** We accept all major credit cards, as well as care credit. There will be a service charge for any returned checks. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free of internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed on the invoice.

Signature of client responsible for pet(s) _____ Date _____



The Standard of
Veterinary Excellence

Country Oaks Veterinary Clinic
13938 S US Hwy 441
Summerfield, FL 34491
www.vetstopets.com