



Welcome to Country Oaks Veterinary Clinic

13938 S Hwy 441 Summerfield, FL 34491 352-347-PETS

Client Information

Name _____ Date _____

Last Name

First Name

Initial

Soc. Sec # _____ Driver's License _____

Address _____

City _____ State _____ Zip _____ Home phone _____

E-mail Address _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Spouse/co-owner _____ Phone _____

How did you learn about our practice? _____

Notify in case of emergency _____ Phone _____

Number of Pets (Please specify type) _____

Are you a seasonal traveler? (where do you travel) _____

Pet Health History

Pet's Name _____ Dog Cat Other _____

Age/Birth Date _____ Sex M F Breed _____ Color _____

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

Current Medications Your Pet is taking _____

Vaccinations and General Wellness

Distemper (dog) Heartworm Test Feline Leukemia Test Rabies vaccine

Parvovirus (dog) Wellness Profile Feline Aids Allergy vaccines

Bordetella (Kennel cough) Dental Cleaning FVRCP (cats) Major surgery

Lyme (dogs) Prior illness _____ Known allergies _____

Reason for pet's visit _____

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or technicians). **All professional fees are due at the time services are rendered.** We accept major credit cards. There will be a service charge for any check returned unpaid. 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 preventive care and the appropriate charges will be assessed on the discharge invoice.

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