



# Country Veterinary Service, Inc.

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(479) 267-2685  
www.cvsvet.net

## NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Country Veterinary Service. So that we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health, wellness care and hospitalization for your best friend.

### PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Sex:  Male  Female Neutered/Spayed?  Yes  No

Species:  Dog  Cat  Other \_\_\_\_\_

Pet's Date of Birth ( Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for bringing pet in: \_\_\_\_\_

Does your pet have any allergies, special medications, or health problems we should know about?

Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_

Treats? \_\_\_\_\_

### Dates of last vaccinations

**Dogs:** DA2PP ( Distemper/Adenovirus/Parainfluenza/Parvo) \_\_\_\_\_ Rabies: \_\_\_\_\_ Kennel

Cough: \_\_\_\_\_

Heartworm Test: \_\_\_\_\_ Is your dog currently on heartworm preventatives?  Yes  No

**Cats:** FVRCP ( Feline Rhinotracheitis/Calciavirus/Panleukopenia): \_\_\_\_\_ Rabies: \_\_\_\_\_ Feline

Leukemia: \_\_\_\_\_

Where were the most recent vaccinations given? \_\_\_\_\_

Who is your previous veterinarian? \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

### CLIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ Exp. \_\_\_\_\_

### How did you hear about us?

Referred by friend Whom may we thank? \_\_\_\_\_

Referred by veterinarian Whom may we thank? \_\_\_\_\_

Drove by  Brochure  Previous Client  Website, [www.cvsvet.net](http://www.cvsvet.net)  Google

Phone Book

**PAYMENT DUE AT TIME SERVICES ARE RENDERED – WE DO NOT BILL. For your convenience, we accept cash, check, Mastercard, Visa, and Discover. Please note form of payment today** \_\_\_\_\_

**I verify that all the information provided is accurate.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Staff Initial: \_\_\_\_\_