



Countryside

Veterinarian & Feed

13950 Highway 5
Young America MN 55397
952-442-4200

Welcome to Countryside Veterinarian and Feed. Please fill the following out completely:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work/Cell Phone (____) _____

E Mail Address _____

Pet's Name _____ Breed _____

Birthdate _____ Color _____

Markings _____ Male/ Female _____ Neutered / Spayed _____

Date of last Vaccinations? _____ Where? _____

Reason for this visit? _____

Our Policy is that payment is made the same day services are provided.

Today's form of Payment: Cash, Electronic Check or Credit Card (Visa, MC, Discover, American Express)

Signature of Owner/Agent _____ today's Date _____

How did you hear about our clinic?

Phone Book / Location-Drove By / Newspaper Ad / Welcome Neighbor

Personal Referral (By Whom?) _____

Your Pet's Medical Information & History

Owners Name _____

Pets Name: _____ Date: _____

Reason for today's visit: _____

Instructions: Please circle YES or NO (Explain on line if needed)

Has your address, home or work telephone number changed since your last visit? **YES NO**
If so, please write any changes on the line below.

Has your pet had any recent medical problems? **YES NO** _____

Does your pet have any chronic medical problems? **YES NO** _____

Does your pet have any allergies? (If yes to what?) **YES NO** _____

Is your pet on any medications? (If yes, what?) **YES NO** _____

Has your pet traveled out of state? (If yes, where?) **YES NO** _____

Was your pet heartworm tested within the last year? **YES NO** _____

Is your pet given heartworm prevention medication? **YES NO** _____

Has your pet been tested for worms in the last year? **YES NO** _____

Is your **DOG** vaccinated against **Lyme Disease**? **YES NO** _____

Has your pet shown any of the following signs or symptoms?

Bad breath or unusual body odors?	YES NO	Head shaking	YES NO
Coughing or sneezing or wheezing?	YES NO	itching or scratching?	YES NO
Gagging or choking?	YES NO	poor coat or hair loss?	YES NO
Vomiting or diarrhea?	YES NO	Skin problems?	YES NO
Scotting of rear end?	YES NO	lumps or bumps?	YES NO
Lameness or stiffness?	YES NO	tremors or seizures?	YES NO
Listlessness or weakness?	YES NO	unusual discharge?	YES NO

Has your pet shown **significant change** in any of the following?

Character of bowel movements?	YES NO	appetite?	YES NO
requency or amount of urination?	YES NO	drinking?	YES NO
Weight gain or loss?	YES NO	behavior?	YES NO

Anything else we need to know? _____

