

Country Companions Veterinary Services, LLC

Thank you for choosing Country Companions Veterinary Services. Please take a moment to update the information we have for you and your pet so that we can serve you better.

Owner Information

Last Name: _____		First Name: _____	
Owner Birthdate: _____			
Spouse or significant other: _____			
Email Address: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Phone: (H) _____	(W) _____	Cell _____	

Pet Information

Pet's name: _____	
<input type="checkbox"/> Canine	<input type="checkbox"/> Feline <input type="checkbox"/> Other _____
Breed: _____	<input type="checkbox"/> Male <input type="checkbox"/> Neutered
Color: _____	<input type="checkbox"/> Female <input type="checkbox"/> Spayed
Date of Birth/Age: _____	

Do you have any other pets? _____ What kind? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in care of this animal.

Signed: _____ Date: _____

116 Old Amity Road Bethany CT 06524
203-393-7387