

Country Companions Veterinary Services, LLC

Care for most creatures great and small

WELCOME

Last Name: _____ First: _____

Title: (circle one) Mr. / Mrs. / Miss / Ms. / Dr.

Owner Birthdate: _____

Address: _____ City, State & Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Spouse's name: _____ Cell: _____ Work: _____

Referred by: ☐ Sign ☐ Website ☐ Recommendation: _____

NEW LARGE ANIMAL PATIENT INFORMATION

Name: _____ Date of Birth (or approximate age): _____

☐ Goats ☐ Sheep ☐ Alpaca/Llama ☐ Dairy/Beef Cow ☐ Swine ☐ Male ☐ Female ☐ Intact?

Breed: _____ Color/Markings: _____

Identification: ☐ Ear tag/Microchip/Tattoo(location/#) _____

How long have you had this animal? _____

Acquired from: ☐ Breeder ☐ Shelter/Rescue ☐ Friend/neighbor ☐ Auction

Management Information:

Flock/herd size: _____ Intended use (pet, show/4H, breeding, meat/milk/fiber): _____

Feed type/brand/amount: _____

Supplements: _____

Vaccination History (date given):

☐ CD/T ☐ Rabies ☐ Other: _____ ☐ See attached (we will copy)

☐ Please contact previous vet ☐ None

Previous dewormings: products used, dose, route (topical, oral, injectable): _____

Has your animal/herd suffered from any of the following (current or past problems)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Infertility | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Lameness/hoof problems | <input type="checkbox"/> Skin issues |
| <input type="checkbox"/> Chronic coughing/sneezing | <input type="checkbox"/> Mastitis | <input type="checkbox"/> Urinary blockage |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Neurological problems | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Discharge from eyes/nose | <input type="checkbox"/> Nutritional deficiency/excess | |
| <input type="checkbox"/> Dystocia | <input type="checkbox"/> Parasites (external/internal) | |

Other surgical/medical conditions or allergies your animal has been treated for in the past?

Please list current medications this animal is receiving:

When was the last time your pet has visited a veterinarian? _____

Do we have permission to contact previous Veterinary Hospital(s) in regards to you pet's medical history?

☐ Yes, Name of Hospital/Veterinarian: _____

☐ No, I prefer that you do not contact them

Reason for visit, concerns or any additional information regarding your pet:

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described animal(s).

I assume responsibility for all charges incurred in the care of this animal.

I understand that in the event of an emergency or urgent issue with one of my animals, a Veterinarian may not be able to come out for a farm call, and I have the means to transport my animal to the office in Bethany, CT if needed

I give permission for my pet(s) picture or information to be published. Yes _____/No _____

Owner's Signature: _____ Date: _____