

Countryside Animal Clinic  
15 Miranda Drive  
Kalispell, MT 59901  
(406) 752-7387

**Pet Owner Information:**

Name: \_\_\_\_\_

Other Authorized Persons: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive email notifications? Yes No (Circle One)

**Pet Information:**

Name: \_\_\_\_\_

Estimated Age/Date of Birth: \_\_\_\_\_ Age when acquired: \_\_\_\_\_

Sex: Male Female (Circle one) Neuter/Spay: Yes No (Circle One)

Microchipped: Yes No (Circle one)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

May we request records? Yes No (Circle one)

Vaccine due dates: \_\_\_\_\_

Previous Surgery/Medical Concerns: \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

What type of food are you feeding: \_\_\_\_\_

Has your pet ever left this state? If yes, where? \_\_\_\_\_