

WELCOME TO COUNTRYSIDE ANIMAL HOSPITAL

Thank you for choosing our hospital to care for your pet! Whether you are new to us, new to our area, or new to pet ownership, our goal is to provide outstanding veterinary care for your pet. We hope the information included in this packet will provide useful information about the practice. We'd be happy to answer any additional questions during our normal business hours.

Our office hours are:

Monday, Wednesday, Thursday and Friday: 8 a.m. to 6 p.m.

Tuesday: 7 a.m. – 7 p.m.

Saturday: 8 a.m. – 12 p.m.

Our Saturday and evening hours are very popular, so it is a good idea to make appointments for routine care well in advance for those times. Patients are seen by appointment only.

Our phone number is (419) 882-7688

Our fax number is (419) 882-8844

Our website is www.countryside-ah.com

Our address is: 5510 Monroe Street
Sylvania, OH 43560

****For a map and directions, click [here](#)****

Dr. Pifer is on call for after hour's emergencies until 11:00 p.m. In case of emergency, contact Countryside at (419) 882-7688. If it is after 11:00 p.m., contact The Animal Emergency and Critical Care Center of Toledo. They are located on Central Avenue between Secor and Douglas and can be reached at (419) 473-0328.

Our services include:

- Spinal Manipulation
- Pet Massage
- Preventative Health Care – vaccinations, parasite testing, viral disease testing
- General and Orthopedic Surgery
- Dentistry
- Safe, modern anesthetic techniques
- Nutritional counseling
- Full in-house laboratory with 30 minute turnaround on most routine blood work
- Boarding facilities
- In-house pharmacy for your convenience
- Flea prevention programs
- Cancer diagnosis and chemotherapy for some types of the disease
- Geriatric health monitoring programs including blood testing, ECG screening and glaucoma testing

Payment is due at time of service

Please indicate your choice of payment:

Cash ___ Check ___ Care Credit ___
Discover ___ Visa ___ Mastercard ___

How did you hear about us?

Referral? ___ If so, who? _____
Yellow Pages ___
Sign out front? ___

Today's Date _____

Owner's Name _____ Spouse/other name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ - _____ - _____ E-Mail: _____

Emergency Contact Name _____ Emergency Phone Number _____

Do you give us permission to call the above listed numbers? Y / N

Pet's Name _____ Dog / Cat / Other (circle) Breed _____

Color _____ Date of Birth _____ Sex M / F (circle) Spayed/neutered Yes / No

What meds have you given your pet recently? (Include over-the-counter) _____

Is your pet on a preventative program for parasites? Yes / No If yes, what? _____

Is your pet ever boarded? Yes / No

****Check any of the following that are of concern to you regarding your pet's behavior/health****

- Excessive barking
- House breaking
- Wetting/Spraying in house
- Shedding
- Jumping
- Problems around children
- Straying from home
- Itching/Scratching
- Hyperactivity
- Biting
- Clawing/Digging
- Bad Breath
- Other _____

Where did you get your pet? _____ How long have you owned him/her? _____

What food does your pet eat? _____ Canned / Dry (circle) Any people food? Yes / No (circle)

How much time does a family member spend with your pet? _____ per day

What prior illness or health issues has your pet had? _____

Is your pet current on the following:

Canines

<u>Vaccine</u>	<u>Date Given</u>
Heartworm Test? Y / N	Month / Year: ___/___
Distemper? Y / N	Month / Year: ___/___
Bordatella? Y / N	Month / Year: ___/___
Rabies? Y / N	Month / Year: ___/___

Felines

<u>Vaccine</u>	<u>Date Given</u>
Feline Distemper ? Y / N	Month / Year: ___/___
Feline Leukemia? Y / N	Month / Year: ___/___
Rabies? Y / N	Month / Year: ___/___

Rabies vaccination release: I understand that State law requires the rabies vaccination be current for all pets. By signing below **I DECLINE THE RABIES VACCINATION AT THIS TIME.** If my pet bites another animal or staff member while at Countryside Animal Hospital, I am able to and will provide written evidence of a current rabies vaccination within 24 hours.

Signature of owner/agent: _____ Date: _____

Additional Pets

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Pet's Name _____ **Dog / Cat / Other (circle)** **Breed** _____

Color _____ **Date of Birth** _____ **Sex M / F (circle)** **Spayed/neutered Yes / No**

What meds have you given your pet recently? (Include over-the-counter) _____

Is your pet on a preventative program for parasites? Yes / No If yes, what? _____

Is your pet ever boarded? Yes / No

:***Check any of the following that are of concern to you regarding your pet's behavior/health***:

- Excessive barking House breaking Wetting/Spraying in house Shedding Jumping
 Problems around children Straying from home Itching/Scratching Hyperactivity Biting
 Clawing/Digging Bad Breath Other _____

Where did you get your pet? _____ How long have you owned him/her? _____

What food does your pet eat? _____ Canned / Dry (circle) Any people food? Yes / No (circle)

How much time does a family member spend with your pet? _____ per day

What prior illness or health issues has your pet had? _____

Is your pet current on the following:

<u>Canines</u>	
<u>Vaccine</u>	<u>Date Given</u>
Heartworm Test? Y / N	Month / Year: __/____
Distemper? Y / N	Month / Year: __/____
Bordatella? Y / N	Month / Year: __/____
Rabies? Y / N	Month / Year: __/____

<u>Felines</u>	
<u>Vaccine</u>	<u>Date Given</u>
Feline Distemper ? Y / N	Month / Year: __/____
Feline Leukemia? Y / N	Month / Year: __/____
Rabies? Y / N	Month / Year: __/____

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