

NEW CLIENT INFORMATION FORM

OWNER INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Home / Cell / Work / Other

Alternate Phone Number: \_\_\_\_\_ Home / Cell / Work / Other

Spouse Phone Number: \_\_\_\_\_ Home / Cell / Work / Other

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

Place of Employment: \_\_\_\_\_

SSN or DL # : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PAYMENT AGREEMENT – please read carefully and sign below

How do you intend to pay? Check \_\_\_\_ Cash \_\_\_\_ Credit/Debit \_\_\_\_ Care Credit \_\_\_\_

Are you interested in applying for Care Credit today? \_\_\_\_\_

How did you hear about Commonwealth Animal Hospital? \_\_\_\_\_

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET. I ALSO UNDERSTAND THAT THESE CHARGES MUST BE PAID AT THE TIME SERVICES ARE RENDERED AND THAT A DEPOSIT MAY BE REQUIRED FOR HOSPITALIZATION AND SURGICAL PROCEDURES. I UNDERSTAND THAT COMMONWEALTH ANIMAL HOSPITAL DOES NOT BILL. ACCEPTABLE METHODS OF PAYMENT ARE CASH, CHECK, VISA, MASTERCARD, DISCOVER AND CARE CREDIT. RETURNED CHECKS WILL BE SENT TO CHECK CARE (returned check collecting agency) AND WILL BE CHARGED A \$50.00 SERVICE FEE.

SIGNATURE OF OWNER:

DATE:

\_\_\_\_\_

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

PET INFORMATION

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

Species:  Canine  Feline  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_ Spayed / Neutered? Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Does your pet have a microchip?  Yes  No  Unsure

Number if yes: \_\_\_\_\_

Is your pet currently taking any medications?  Yes  No

If yes, what medication? \_\_\_\_\_

Is your pet allergic to any medications?  Yes  No

If yes, what medication? \_\_\_\_\_

Has your pet ever had any reactions to vaccinations?  Yes  No  Unsure

Reason for visit: \_\_\_\_\_

PET INFORMATION (additional pet)

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

Species:  Canine  Feline  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_ Spayed / Neutered? Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Does your pet have a microchip?  Yes  No  Unsure

Number if yes: \_\_\_\_\_

Is your pet currently taking any medications?  Yes  No

If yes, what medication? \_\_\_\_\_

Is your pet allergic to any medications?  Yes  No

If yes, what medication? \_\_\_\_\_

Has your pet ever had any reactions to vaccinations?  Yes  No  Unsure

Reason for visit: \_\_\_\_\_