



Commonwealth Animal Hospital

1058 N. College St, Harrodsburg, KY 40330

859-734-2245

R. Paul Bosse, DVM



NEW CLIENT INFORMATION & PAYMENT AGREEMENT

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 Cell Phone Number: _____

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 ____

If you are interested in Care Credit, apply online at www.CareCredit.com.

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:

(fill out following page for pet information)

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: _____