COMMONWEALTH
VETERINARY HOSPITAL

CLIENT/PATIENT INFORMATION FORM

CLIENT INFORMATION

Owner Name: ____

Co-Owner Name: ____

Address: ____

City:_________________________________State:_______________________Zip:_______________________

Home Phone #: ___________________________ Work Phone#: ___________________________

Owner/Primary cell #: ______________________ Co-Owner/Secondary Cell #: __________________________

Email address: ____

How did you hear about us?____

PATIENT INFORMATION

Pet's Name:____ AGE/DOB:_______________________

Breed:_________________________ DOG / CAT / OTHER ☐MALE ☐MALE NEUTERED

☐FEMALE ☐FEMALE SPAYED

Pet's Name:____ AGE/DOB:_______________________

Breed:_________________________ DOG / CAT / OTHER ☐MALE ☐MALE NEUTERED

☐FEMALE ☐FEMALE SPAYED

Pet's Name:____ AGE/DOB:_______________________

Breed:_________________________ DOG / CAT / OTHER ☐MALE ☐MALE NEUTERED

☐FEMALE ☐FEMALE SPAYED

Pet's Name:____ AGE/DOB:_______________________

Breed:_________________________ DOG / CAT / OTHER ☐MALE ☐MALE NEUTERED

☐FEMALE ☐FEMALE SPAYED

AUTHORIZATION

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the staff of Commonwealth Veterinary Hospital to render any treatment which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital of the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of $25.00 will be assessed for each non-sufficient fund check that may occur. All accounts unpaid after 30 days receive a late charge computed at a periodic rate of 1.5% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of $1.00.

Signature:_____ Date:_____