

## **Commonwealth Veterinary Clinic**

2356 Jefferson Highway Waynesboro, Virginia 22980 (540) 942-9777 Fax 540-301-5898



Medicine, Surgery and Boarding for Dogs and Cats

Spencer A. Nice, DVM

Holly F. Barton, DVM

## Thank you for giving us the opportunity to care for your pet. PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION.

Be sure to include your signature on the bottom line.

Owner/Patient Registration		
Today's Date		
Owner Name	_SSN	
Co-Owner	_SSN	
Address	_Home #	( )
Physical Address	_Work #	( )
County/City of residence	_Cell #	( )
Employer	_Occupation	
Pet's NameCat	Dog	Male
Breed Color		Spayed/Neutered? YES NO
Previous Doctor/Hospital Name		
When was your pet last seen by him/her?		
May we request your pet's health records from him/her?		
How did you learn of our clinic? Social Media Hospital Sig	n 🗀	Recommendation
Other		
If personal recommendation, who may we thank?		
Does your pet have contact with other animals?  YES NO		
Has your pet ever had an adverse reaction to any medication? If yes, please describe		
Has your pet ever shown aggressive tendancies toward other people or animals?		
All fees are due at the time the patient is released. On your request, we will provide you with a written estimate for fees of hospital treatment, emergency care, surgery or hospitalization. A deposit prior to treatment may be required. Payment is expected at the time of service. We accept cash, check, money orders and credit cards (VISA, MC, American Express & Discover).		
How will account be paid? Cash Charge Card		**Cash or Credit Card Only**
Military/Police		
Owner/Co-Owner Signature		
If you would like us to be able to contact you via the internet, please give us your email address		
Email Address (Please Print)		