

CENTRAL KENTUCKY VETERINARY CENTER
DRS. TRITSCH, WEAKLEY, BOLLINGER & FULLER
P.O. BOX 308- 111 SOUTHGATE DRIVE
GEORGETOWN, KY 40324
502-863-0868

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

DATE: _____

LAST NAME: _____ FIRST NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ SPOUSE'S PHONE: _____

BEST TIME TO REACH YOU: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT PHONE: _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY#: _____

CKVC PAYMENT POLICY

I understand that payment is expected in full at the time any services are rendered by CKVC, and I assume full financial responsibility for any and all services provided by CKVC, including but not limited to, veterinary services, diagnostic procedures and therapeutic procedures. I also assume full financial responsibility for any products purchased through CKVC, including but not limited to, medicine, animal foods and other veterinary products. Any unpaid accounts will be subject to interest charges at the highest amount allowed by law. I understand that if CKVC must pursue payment for any of the above, I will be responsible for payment of any and all collection costs, including but not limited to, collection agency fees, attorney's fees and court costs for such collection.

**PAYMENT MAY BE MADE BY CASH, CREDIT CARD OR CHECK
WITH THE PROPER IDENTIFICATION.**

Print Name _____

Signature _____ Date _____

How did you become aware of our clinic? _____

*Who may we thank for referring you? _____

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PATIENT INFORMATION

PET # 1

NAME: _____ BREED: _____ D.O.B.: _____
COLOR: _____ SEX: _____ (Spayed/Neutered)

VACCINATION HISTORY (PLEASE INCLUDE DATES)

CANINE DHLPP, PARVO, CORONA _____ RABIES _____
BORDETELLA _____ FECAL (stool sample) _____
HEARTWORM TEST/ PREVENTATIVE _____
FELINE LEUKEMIA TEST _____ FELINE LEUKEMIA VAC. _____
FELINE DISTEMPER _____ RABIES _____
OTHER INFO: _____

PET #2

NAME: _____ BREED: _____ D.O.B.: _____
COLOR: _____ SEX: _____ (Spayed/Neutered)

VACCINATION HISTORY (PLEASE INCLUDE DATES)

CANINE DHLPP, PARVO, CORONA _____ RABIES _____
BORDETELLA _____ FECAL (stool sample) _____
HEARTWORM TEST/ PREVENTATIVE _____
FELINE LEUKEMIA TEST _____ FELINE LEUKEMIA VAC. _____
FELINE DISTEMPER _____ RABIES _____
OTHER INFO: _____

PET # 3

NAME: _____ BREED: _____ D.O.B.: _____
COLOR: _____ SEX: _____ (Spayed/Neutered)

VACCINATION HISTORY (PLEASE INCLUDE DATES)

CANINE DHLPP, PARVO, CORONA _____ RABIES _____
BORDETELLA _____ FECAL (stool sample) _____
HEARTWORM TEST/ PREVENTATIVE _____
FELINE LEUKEMIA TEST _____ FELINE LEUKEMIA VAC. _____
FELINE DISTEMPER _____ RABIES _____
OTHER INFO: _____

