

# Client & Pet Update Form

Welcome back to our clinic and thank you for choosing Covington Veterinary Hospital for your pet's care! Please complete the following information about you and your pet(s) so we can update our records. Thank you!



## About You...

Client Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Method of Contact: (Please circle one) Home / Cell / Work

Preferred Method of Contact for Reminders: (Please circle one) Call / Email / Mail

## About Your Pet(s):

Please list the names of all of your current pets:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Have any of your pets been seen by another clinic since their last visit with us?  
Yes / No**

***If yes, please provide information below...***

Pet Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinic Phone: (\_\_\_\_) \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

**Over →**

**If you have acquired any new pets please fill out the following information...**

Pet Name: \_\_\_\_\_ Sex:  Male  Neutered Male  Female  Spayed Female

Age / Date of Birth: \_\_\_\_\_ Species:  Cat  Dog  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## Social Media Release

I give permission for Covington Veterinary Hospital to use photos and/or videos for the purpose of social media posts via Facebook.

\*Client Initials: \_\_\_\_\_ Use the image only \_\_\_\_\_ Use the image & pet first name  
\_\_\_\_\_ Do not use for social media

## Payment Policy

Payment is due at the time of service, our office does **not** offer billing. If you are in need of an estimate for any service we will gladly provide one for you. We accept all major credit cards (Visa, Mastercard, Discover and American Express), cash, personal check and Scratchpay. Please note for all personal checks we will ask for your drivers license number. There is a \$30 fee for all returned checks.

We require a deposit for all new clients equal to the cost of your exam fee. This deposit will go towards your full bill at the conclusion of your appointment. Deposits are refundable if the appointment is canceled with more than 24 hours notice. With less than 24 hours notice of a cancellation or a no show, the deposit becomes non-refundable. Surgeries require a deposit which will be applied towards the cost of the procedure. If the procedure is canceled without 48 hours notice, the deposit will not be refunded.

If you have any questions in regards to our payment policy please ask one of our staff members.

\*Client Initials \_\_\_\_\_