

Client & Pet Registration

Welcome 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). Thank you!



About You...

Client Name: _____ Spouse Name: _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone:(____)_____ Cell Phone:(____)_____

Spouse Phone:(____)_____ Drivers License #: _____

Employer Name: _____ Work Phone: _____

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

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

How were you referred to our office? _____ (if another client please write their name so we can thank them)

About Your Pet(s):

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age/Date of Birth: _____ Species: Cat Dog Other: _____

Breed: _____ Color: _____

Date of last vaccines: _____ Name of previous Veterinary Clinic: _____

Over ➡

Name: _____ Sex: Male Neutered Male Female Spayed Female
Age/Date of Birth: _____ Species: Cat Dog Other: _____
Breed: _____ Color: _____
Date of last vaccines: _____ Name of previous Veterinary Clinic: _____

Name: _____ Sex: Male Neutered Male Female Spayed Female
Age/Date of Birth: _____ Species: Cat Dog Other: _____
Breed: _____ Color: _____
Date of last vaccines: _____ Name of Previous Veterinary Clinic: _____

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 & Instagram.

***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** _____