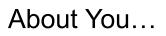
## **Client & Pet Registration**

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!



Client Name:	Spouse Name:			
Street Address:			Apt.#:	
City:	State:	Zip:		
Email Address:			_	
Home Phone:()	Cell Ph	one:()		
Spouse Phone:()	Driver	s License #:		
Employer Name:		Wo	rk Phone:	
Preferred Method of Contact: (Ple	ease circle one)	Home / Cell /	Work	
Preferred Method of Contact for F	Reminders: (Plea	ase circle one)	Text / E-Mail / Mail	
How were you referred to our offic please write their name so we car	ce? n thank them)		(if anothe	r client
About Your Pet(s):				
Name: Sex	: Male Ne	eutered 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:
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 <u>not</u> 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