



# New Pet Form

Acct #: _____	Initials: _____
Date: _____	Checked: _____
Scanned: _____	

## Please read and initial:

**Late Policy:** If you are more than 10 minutes late to your scheduled appointment with the doctor, we will need to reschedule your appointment to the next available time that works for you and our doctor. \_\_\_\_\_  
please initial

**Missed Appointment Policy:** If you miss 3 appointments scheduled with a doctor, you will need to provide a deposit of the exam fee for each pet that is to come in. Your deposit can be applied to the charges for your scheduled appointment. If you miss your scheduled appointment or cancel within less than 6 hours, your deposit is nonrefundable. \_\_\_\_\_  
please initial

**Photo Release:** By initialing, I give full permission for Covina Animal Hospital to use all recorded photos and videos of my pet on their hospital media outlets. (i.e. Facebook, Instagram, website). \_\_\_\_\_  
please initial

**New phone number or address?** Yes No

## Pet Information

Pet Name: \_\_\_\_\_ Species: Dog Cat Breed: \_\_\_\_\_

Coat color: \_\_\_\_\_ Sex: M F Spayed/Neutered?: Yes No

Approximate Age/DOB: \_\_\_\_\_ Is your pet microchipped? Yes No

Has your pet visited a vet before today? Yes No

Does your pet have any known temperament concerns? \_\_\_\_\_