



New Client 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

Payment Policy: Full payment is due at the time of service. We accept cash, Care Credit, and all major credit cards. _____
please initial

Client Information

Primary Owner:

Your Full Name: _____ Your DOB: ____/____/____ Cell Phone: ____-____-____

Address: _____ City: _____ Zip: _____ Home Phone: ____-____-____

Email Address: (please print): _____

By providing your email address, you will be receiving a notification allowing you to opt in or out of our various health reminder emails specific to your pet.

Additional Owner:

Full Name: _____ Relation: _____ Cell Phone: ____-____-____

Pet Information

Pet Name: _____ Species: Dog Cat Breed: _____ Coat color: _____

Approximate Age/DOB: _____ Sex: M F Spayed/Neutered?: Yes No

Is your pet microchipped? Yes No Has your pet visited a vet before today? Yes No

Is your pet on Social Media? Tell us their handle! @ _____ @ _____

Does your pet have any known temperament concerns?
 (Anxious, aggressive toward people, aggressive toward other dogs, etc.) _____

How did you hear about us? (circle all that apply):

Facebook Instagram Yelp Google Street Sign Community Event Other: _____

Were you referred by someone? Yes No Referral Name: _____ Pet's Name: _____

In just a few words, please describe what made you choose to bring your loved one to Covina Animal Hospital:
