



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: _____

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.) _____