



## WELCOME TO COVINGTON VETERINARY CARE!

Please help us get to know you by providing some basic information.

\_\_\_\_\_ Date

### OWNER INFORMATION:

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ M.I.

\_\_\_\_\_ Spouse/Partner

\_\_\_\_\_ Street

\_\_\_\_\_ Apt. #

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Driver's License #

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Employer and Work Phone

\_\_\_\_\_ Spouse/Partner's Employer and Work Phone

\_\_\_\_\_ Alternate Phone

E- mail (Please print clearly below) :

If necessary, may we call you at work?

- YES  
 NO

If necessary, may we call your spouse/partner at work?

- YES  
 NO

HOW DID YOU CHOOSE OUR HOSPITAL?

\_\_\_\_\_ Phone book

\_\_\_\_\_ Saw sign

\_\_\_\_\_ Close to home

\_\_\_\_\_ Recommendation

Who should we thank?

Please discuss vaccination history with the receptionist. If you have any copies of medical or vaccination records, please bring them up to the front desk.

Continued on reverse...



**PET INFORMATION:** (Please provide appropriate information for each pet.)

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Breed				
Color				
Birthday/Age				
How long owned?				
Sex				
Spayed/Neutered?				
Cats: Leukemia tested?				
Prior Illnesses				
Special Diet				
Any known allergies				
Current on vaccines?				

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

If under any circumstances there is a remaining balance on your account, there will be a \$20 monthly finance charge that will be added to your account.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

**ALL FEES ARE DUE UPON RELEASE OF PATIENT.**

I acknowledge that payment is due in full at the time of service. I understand I may ask Covington Veterinary Care to provide me with an update of current charges and an estimate for treatment at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date