



**This form is not for ER patients. Please proceed directly to our ER to complete the paperwork.**



Center Of Veterinary Expertise  
24/7 ER + Specialty Care

For Office Use Only - Apply Patient Label HERE.

**Pet owners with specialty appointments:** Please download this form to your computer and complete, print and bring to your appointment. You may also save the form and email it to [referrals@thecovevets.com](mailto:referrals@thecovevets.com) prior to your appointment.

## CLIENT INFORMATION

|               |               |            |  |
|---------------|---------------|------------|--|
| Last Name     |               | First Name |  |
| Address       |               |            |  |
| City          | State         | Zip Code   |  |
| Home Phone    | Work Phone    |            |  |
| Cell Phone    | Email Address |            |  |
| Employer      |               |            |  |
| Other Contact |               |            |  |
| Relationship  | Phone         |            |  |

## VETERINARIAN INFORMATION

|                 |
|-----------------|
| Name of Doctor  |
| Hospital/Clinic |

## PATIENT INFORMATION

|  |  |
|--|--|
| Name   | Date of Birth  |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered |
| Breed  | Color/Markings   |
| Date of Last Rabies Vaccine  |  |
| Known Allergies to Medications, etc.   |  |
| How Did You Hear About Us?   |  |

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required. I also hereby grant permission to The Cove to use my pet's photos, radiographs, ultrasound, medical data, and other treatment-related information for research, presentation, and education.

**PLEASE NOTE THAT PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.**

*We accept Visa, MasterCard, American Express, Discover, CareCredit, Cash and Check.*

Signature of Owner

I am 18 years of age or older.

Date