



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 prior to your appointment to referrals@thecovevets.com.

CLIENT INFORMATION

Last Name		First Name	
Address		City	State Zip
Home Phone		Cell Phone	
Email Address			
Work Phone		Employer	
Second Authorized Contact*			
Relationship		Phone	

***Patient information will be released to second authorized contact.**

VETERINARIAN INFORMATION

Primary Care Hospital/Clinic
Secondary Specialty Hospital/Clinic (If Applicable)

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.			
Is Your Pet Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If So, With Whom: <input type="checkbox"/> Trupanion <input type="checkbox"/> ASPCA <input type="checkbox"/> Embrace <input type="checkbox"/> 24hrPetWatch <input type="checkbox"/> Other:			

I understand that The COVE is an emergency and advanced care hospital that provides internship opportunities to fully-licensed veterinarians. I also understand that an intern may be a part of the healthcare team that will examine and/or treat my pet.

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