

Client # _____
(Office Use Only)



CovenantCare

Animal Hospital

WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

Please Print

Your Name: _____

Spouse/Co-Owner#2: _____

Mailing Address: _____ APT: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone #1: _____

Work Phone#1: _____

Cell Phone #2: _____ Which Pet(s) are we seeing today?: _____

Breed: _____ Color: _____

Pet(s) age: _____ Gender _____ Spayed/Neutered? _____

Reason for visit today: _____

Do you/have you ever served in the military? (Valid ID required) _____

We strive to provide you with vital up to date information regarding your pet's health. Providing your email address is a quick and easy method for allowing us to update you, our client. All information gathered on this form is for our purposes only. We do not sell any of your personal information for advertising purposes.

Email address: _____

*****IN THE UNLIKELY EVENT YOUR PET MAY GET LOST, YOU ALLOW APCNW FULL CONSENT TO GIVE OUT ANY PERSONAL INFORMATION TO GET YOU AND YOUR PET REUNITED INCLUDING BUT NOT LIMITED TO: PHONE NUMBERS, EMAIL ADDRESS, HOME ADDRESS.***** YES NO

Would you like us to email you for appointment/vaccination reminders? Yes No

May we send text messages regarding your pet? Yes No

How did you become aware of our Hospital? Website Google Search Drove By Yellow Pages Friend
Professional Referral/Other Vet Hospital

*If referred by someone, whom may we thank? _____

Signature of Owner or Authorized Agent

Date

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Extra-label Drug Use Waiver

I understand that, in many cases, there are no medications which have gone through the FDA approval process to treat a particular disease in a particular species or type of animal.

I also understand that, in those situations, it may be appropriate for veterinarians to use a medication which has been approved for use in humans, other diseases, other animals, or other purposes. This is called "extra-label" use because the drug is being used for "extra" uses beyond what is indicated on the label.

I understand that the doctors at CCAH may need to prescribe medications to my pet in an extra-label fashion. When our doctors do this, I understand the (s)he will be following the guidelines set forth by the FDA and/or experts in veterinary medicine, using the best available information about the safety and effectiveness of the treatment protocol.

I understand that, as with any drug use, there is a risk of adverse side effects. The risks and potential benefits to my pet have been discussed with me and I hereby authorize the doctors at APCNW to use drugs in an extra-label manner in my pet(s).

Signed: _____

Print name: _____

Date: _____

Permission for Social Media Use

I understand and hereby grant the doctors and staff of CCAH permission to post pictures of my pet(s) (please specify all pets), _____, on their website and social media sites.

Signed: _____

Print Name: _____

Date: _____
