



GREEN COVE PET HOSPITAL
 215 GREEN COVE ROAD SE
 HUNTSVILLE, AL, 35803
 Phone: (256)882-0219
 Fax: (256)882-9389

Rebecca Sweet, DVM

New Client Information Form

Mrs. ___ Mr. ___ Ms. ___ Dr. ___ First Name: _____ MI: ___ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____ Email: _____

Would you like to receive e-reminders and coupons from Green Cove Pet Hospital? Yes No

How did you hear about us?

Yellow Pages ___ Hospital Sign ___ Radio ___ Google ___ Facebook ___

Personal Recommendation ___ (Whom can we thank? _____)

Other: _____

Method of Payment

Payment is required at the time of service. For your convenience, we accept Mastercard, NOVUS/Discover, Visa, American Express, Care Credit, cash, or check. We must have a Photocopy of your current driver's license to accept any form of payment.

How much information do you want to be given about your pet's health?

- I want a full explanation- anything and everything.
- I want a brief explanation- just the important stuff.
- I just want to know if there is anything I need to do- keep it simple.

Pet information

Name: _____ Age/ Birthday: _____ / ____ / ____

Species: (cat, dog, etc.) _____ Breed: _____

Color: _____ Weight: _____ Male Female

Yes No I have reviewed and accept the Green Cove Pet Hospital's Photo/Video Release Policy.

Spayed/neutered? Yes No

Does your pet have allergies? Yes No If yes, what? _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any major surgeries your pet has had: _____

List any behavior problems we need to be aware of: _____

List any foods and treats you give your pet: _____

List heartworm prevention used/last given: _____

List flea/tick prevention used/last given: _____



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Record Transfer

To best serve you and your pet we will need copies of any recent medical history. Please, complete the following to permit us to collect your pet's medical history.

Pet's Name: _____ Circle one: Cat Dog Other

I authorize the release of a copy of the medical records for the above listed animal(s):

From Previous Veterinary Clinic: _____

Phone: _____ Fax: _____ To Green Cove Pet Hospital

Pet Owner Signature: _____ Date: _____

Check if this is a permanent transfer



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Photography/Video Release Policy

I hereby grant to the Green Cove Pet Hospital, the irrevocable and unrestricted right to use and publish my name, my pets name, photographs, and videos of myself and/or my pet for any lawful purpose including publicity, illustration, advertising, web-site, FaceBook, Twitter, Instagram, You Tube and any other manner or medium; to alter the same without restrictions; and to copyright the same. I hereby release the Photographer and the Green Cove Pet Hospital from all claims and liability relating to said photographs.