

9308 Perkins Road
Baton Rouge, LA
70810



Phone: (225) 767-2462
Fax: (225) 767-2994

NEW CLIENT/PATIENT INFORMATION

CLIENT INFORMATION:

Date: _____
Owner's Name _____ Spouse/Other _____
Address _____ Apt. _____ City _____ State _____
Zip Code _____ Driver's License# _____ Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-Mail _____ Would you like to receive reminders by E-Mail? Yes ___ No ___
What time is it best to call about your pet? _____ at phone# _____
Is it ok to call you at work? Yes ___ No ___
In case of **EMERGENCY**, call _____ at phone # _____

PET INFORMATION:

Pet's Name _____
Species: BIRD ___ CAT ___ DOG ___ FERRET ___ LIZARD ___ RODENT ___ SNAKE
___ TURTLE ___ RABBIT ___ OTHER ___
Breed _____ Color _____ Date of Birth: _____ (estimated)
Sex: Male ___ Female ___ Neutered / Spayed: Yes ___ No ___
Name of Previous / Current Vet _____
Is your pet currently receiving any medication? Yes ___ No ___ What? _____
Does your pet have any known drug allergies? Yes ___ No ___ What? _____
Is your pet up to date on vaccinations? Yes ___ No ___

How did you become aware of our clinic? Hospital Sign ___ Yellow Pages ___
Internet ___ Web Site ___ Other, please specify _____
Individual (someone we may thank) _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Signature _____ Hospital Employee _____ Date: _____

THANK YOU FOR CHOOSING ALL PETS HOSPITAL

We are proud to have the opportunity to serve you and we look forward to helping you care for your pet.