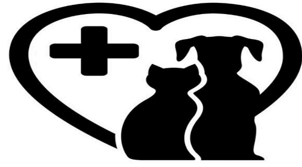

5566 Highway 1 Lockport, La 70374

Client Information

Mrs. Mr. Ms. Dr. First name:_______________MI: ___Last name: _______________DOB:______
Address:___________________________________ City: _______________ State: ______ ZIP:___________
Home phone: (____) _____________ Work: (____) _____________ Cell: (____)____________
Employer:____________________________
Email: _____________________________ Would you like to receive email and/or text reminders?
Spouse's name:___________________________ Cell: (____)_________________
Spouse's Employer:_________________________ Work: (____) _______________
How did you hear about us? Online Yellow Pages Hospital sign Radio Personal recommendation, whom can we thank? __________________ Other:____________________

Payment is required at the time of service. For your convenience, we accept American Express, Discover. Mastercard, Visa, ash, or check (with a valid driver's license).
Please check one: Cash Check Debit/Credit

Owner Authorization and Consent:

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the animal(s) described below. I understand that if surgery is performed some degree of risk is inevitable, and it is not possible for the hospital or its staff to guarantee a successful outcome of any medical procedure. I assume responsibility for all charges incurred in the care of this animal. I also understand that all professional fees are due at the time services are rendered.

Client or Authorized Party Signature: _____________________________ **Date**:____________

Pet Information

Name: ___________Age/Birthday: _________ Species cat dog other ____________

Breed ______________________ Color ______________ Male Female Spayed/neutered? Yes No Does your pet have allergies? Yes No

Vaccine History: Canine: DAP LEPTO BORD RABIES Feline: FVRCP FELV RABIES
When was the date of last vaccination? _______________ Heartworm Preventative? _________
Has your pet received a Heartworm Occult Test of Intestinal Parasite Screening in the past year?
If yes, when was it performed?____
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: _____________________________________ Current diet and treats? ____

Previous Veterinarian Information

Name:___________________________ Phone Number:______________________
Do you authorize Family Pet Animal Hospital to obtain medical records on this pet? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No

Pet Information

Name: ___________Age/Birthday: ___________Species (cat, dog, etc.)__________________ Breed

_____________________________ Color _________________ Weight _____________ Male Female

Spayed/neutered? Yes No Does your pet have allergies? Yes No