



Family Pet Animal Hospital

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? Yes No
 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, Care Credit, Discover, MasterCard, Visa, Cash, or Check (with a valid driver's license).

License # (if paying with check): _____

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 other _____

Breed _____ Color _____ Male Female

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