



Client/Patient Information

Welcome to our hospital!

In order for our records to be as complete as possible, please provide the following information:

Owner Information

(Please Print)

Owner's Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: LA Zip: _____

Phone #1: _____ Home / Cell Emergency Phone: _____

Phone #2: _____ Home / Cell E-mail: _____

SSN#: _____ Driver's Lic. #: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

May we contact you at work? yes / no Your Spouse? yes / no

Pet Information

Pet's Name: _____ Species (dog, cat, bird, etc.): _____

Breed: _____ Sex: male / female **Neutered:** yes / no

Color/markings: _____ Age or birthday (please estimate): _____

Previous Veterinarian or Clinic (if any): _____

Please indicate any current medical problems your pet may have: _____ Circle if not applicable (**None**)
1. _____ 2. _____

- | | | |
|---|-------------------|-------------------------------|
| How did you hear about us?
(Please circle only one)
Kingdom | 1. yellow pages | 5. previous client/ Southdown |
| | 2. location | 6. previous client/Animal |
| | 3. sign/billboard | 7. Referred by someone |
| | 4. internet | |

Who may we thank for referring you to our hospital? _____

Method of payment: Cash / Check / Visa / MasterCard / Discover

Statement of Ownership and Consent

I am the owner of the above described animal or have to authority to consent to its treatment. I hereby authorize the performance of professionally accepted diagnostic, therapeutic, and/or surgical procedures. I accept financial responsibility for these services. I will not hold this hospital or its agents liable in any manner regarding the care, treatment, or safekeeping of the animal described above.

Payment in full is required at the time of discharge unless prior arrangements have been made. Should it become necessary for my account to be placed with an attorney/agency for collection, I further agree to be responsible for reasonable fees charged by such along with all incurred court cost.

(signature of owner or agent)

_____/_____/_____
(date)