



**Azalea Lakes Veterinary Clinic**  
15225 Jefferson Highway  
Baton Rouge, LA 70817  
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Fax: 225-755-3809  
[azalealakevet@bellsouth.net](mailto:azalealakevet@bellsouth.net)

**Owner Registration Form**

**OWNER'S NAME** \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DL# \_\_\_\_\_ SS# \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYER \_\_\_\_\_

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**CO-OWNER'S NAME** \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DL# \_\_\_\_\_ SS# \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYER \_\_\_\_\_

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\*\*\*We offer the online pet partner app free of charge to our clients. You will receive reminders via email and/or text. Please include your email address and cell phone in the above information. Please see our website for more information.\*\*\*

In case of emergency please call \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

I also authorize \_\_\_\_\_ to pick up my pet(s).

**\*\*\*FULL PAYMENT IS EXPECTED AT THE TIME OF SERVICES\*\*\***

I hereby authorize the veterinarian(s) to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release, and that a deposit may be required for surgical, farm calls or emergency treatment. After 30 days, a 1.5% finance charge will be applied monthly.

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_

DATE: \_\_\_\_\_