Animal Medical Center
New Client & Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Owner: _____ Phone Number: _____

Spouse/Other: _____ Alt. Phone Number: _____

Children (if applicable): _____

Address: _____

City_____State_____Zip_____

Email: _____ Driver's License No: _____

Employer: _____Phone: _____

Emergency Phone Numbers: _____

How did you hear about our clinic? _____

☐ **Individual: someone we may thank? _____**

I authorize use of my pet's name (first name only), pictures/videos, and non-identifying clinical information for Animal Medical Center's social media web pages or website, as well as for any informational brochures or pamphlets produced by Animal Medical Center. Yes ☐ No ☐ Initial: _____

Reason for today's visit or comments:

_____

_____

_____

_____

PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate upon request. We accept cash, personal checks, Debit Cards, MasterCard, Visa, and Discover.

The undersigned agrees, whether as agent or as owner, that in consideration of the services to be rendered to the patient, he or she will individually obligate himself or herself to pay Animal Medical Center in full at the time services are rendered. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay all attorney's fees and collection expenses. All delinquent accounts shall accrue interest at the rate of 1% per month (12% APY) as permitted by Louisiana Law.

Signature: _____ Date: _____

Please provide us with information about your pet(s) on the back of this page.

PATIENT(S) INFORMATION

	PATIENT #1	PATIENT #2
Name		
Microchip Number (if applicable)		
Species (cat, dog, other)		
Breed		
Color/Markings		
Date of birth or age (if known)		
Sex		
Spayed or neutered		
Diet (kind of pet food)		
Indoor or outdoor pet		
How did you acquire your pet?		

Please check any symptoms or problems that you have noticed about your pet(s)

Patient #1

☐ Arthritis	☐ Eye problem	☐ Shaking head
☐ Bad Breath	☐ Lack of appetite	☐ Sneezing
☐ Behavior problems	☐ Limping	☐ Thirst and/ or urination increased
☐ Blood in urine/stool	☐ Lump or mass	☐ Vomiting
☐ Breathing problems	☐ Potty training	☐ Weakness
☐ Coughing	☐ Scooting	☐ Weight problem
☐ Diarrhea/ Constipation	☐ Scratching	☐ Other _____
☐ Excessive chewing	☐ Seems depressed	_____
		_____

Patient #2

☐ Arthritis	☐ Eye problem	☐ Shaking head
☐ Bad Breath	☐ Lack of appetite	☐ Sneezing
☐ Behavior problems	☐ Limping	☐ Thirst and/ or urination increased
☐ Blood in urine/stool	☐ Lump or mass	☐ Vomiting
☐ Breathing problems	☐ Potty training	☐ Weakness
☐ Coughing	☐ Scooting	☐ Weight problem
☐ Diarrhea/ Constipation	☐ Scratching	☐ Other _____
☐ Excessive chewing	☐ Seems depressed	_____
		_____

Previous veterinarian (if applicable): _____