

Monday – Friday
7:30 AM – 5:30 PM
Saturday
8:00 AM – 12:00 PM



9766 Barringer Foreman Rd.
Baton Rouge, LA 70809
(225) 756 - 0204

New Client Hospital Form

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill in this form completely. Please print. Thank you!

Registration

Owner Name: _____ Spouse/Other: _____
Address: _____ City: _____ State: _____ Zip: _____
Email address: _____
Home Phone: _____ Work phone: _____
Cell phone: _____ Spouse's Cell: _____
Place of Employment: _____
Social Security #: _____ Driver's License: _____
Spouse's Place of Employment: _____
Referred By: _____ Reason for Visit: _____

Pet(s) Health History

Pet's Name: _____ Date of Birth/Age: _____
Breed: _____ Color: _____

Species: Canine Feline Sex: Male/Female Altered: Yes/No

Vaccination History: Please provide Kleinpeter Veterinary Hospital with a current copy of your pet's vaccination history. (Date and Type of Last Vaccinations)

Does your pet have any vaccine reactions: Yes or No

Does your pet have seizures: Yes or No

Please circle any symptoms or problems that you have noticed about your pet:

| | | |
|------------------|-------------------|-----------------------------------|
| Bad breath | Behavior problems | Bleeding gums |
| Lack of appetite | Limping | Loss of Balance |
| Vomiting | Weakness | Thirst and/or Urination increased |
| Coughing | Diarrhea | Eye bulging/Bloodshot |
| Scratching | Seems Depressing | Shaking Head |
| Gagging | Sneezing | Other _____ |

Current Medications: _____

Describe Pet's Diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand the charges must be paid at the time of release and that a deposit may be required for treatment. I give permission to forward medical history of my pet to other veterinarians and boarding/grooming facilities.

Signature of Owner/Agent

Date