



BROOKINGS ANIMAL HOSPITAL

4919 North Market
Shreveport, Louisiana 71107
(318)425-4860
Fax (318) 221-6045



Virginia Brookings, DVM

Date _____

Owner's Name _____ Mobile# _____

Spouse/Other _____ Mobile# _____

Address _____

City _____ ST. _____ Zip _____

Owner's Drivers License Number _____

Home# _____ Work# _____ Spouse Work# _____

E-mail Address _____

Employer _____

Spouse's Employer _____

In case of Emergency call _____

Professional fees are due at the time services are rendered. We will be happy to give you an estimate if you would like. **All financial arrangements must be made prior to services being rendered.** I understand that a service fee of \$20.00 will be assessed for each non-sufficient check. All accounts unpaid after 30 days will be charged a late charge of 1.5% per month with a minimum charge of \$1.00. I agree to pay for all the reasonable attorneys' fees and costs charged by the Credit Bureau of Louisiana in the event collection efforts become necessary.

All boarded animals must be current on all vaccinations. If not, we require that they be updated. If external parasites are found on your animal they will be treated at your expense.

Signature _____ SSN# _____

DOGS - CATS - BIRDS - EXOTICS