WELCOME

New Patient Information

BARATARIA
ANIMAL HOSPITAL

Today's Date: _____

Pet's Name: _____ Date of Birth: _____

Sex: Male/Female Spayed or Neutered: Yes/No
Breed: _____ Color: _____

Current Heartworm Preventative:_____
Are your pet's vaccinations up to date? Yes/No Date received: _____

Medical/Surgical History: _____
_____

Current Medications: _____
_____

Allergies (if known): _____

Is your pet micro-chipped? Y N

Client Information (About You):
Owner's Name: _____
Address:_____
City: _____State: _____ Zip Code: _____
Phone Numbers: Cell: _____Home: _____ Work:_____
Email Address: _____
How did you find out about our hospital? _____

Payment is expected when services are rendered. Clients are not allowed to charge "on account". We accept cash, check or major credit cards. We offer Care Credit payment plan (please ask the receptionist for more information). All major surgeries and hospital procedures require a 50% deposit of the estimated charges.

I have completed this form truthfully and agree to the payment terms stated above:

_____ _____
Client's Signature ***Date***