



# 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:

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

Patient #2		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eye problem	<input type="checkbox"/> Shaking head
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Lack of appetite	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Behavior problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or urination increased
<input type="checkbox"/> Blood in urine/stool	<input type="checkbox"/> Lump or mass	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Breathing problems	<input type="checkbox"/> Potty training	<input type="checkbox"/> Weakness
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weight problem
<input type="checkbox"/> Diarrhea/Constipation	<input type="checkbox"/> Scratching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Excessive chewing	<input type="checkbox"/> Seems depressed	_____

Previous veterinarian (if applicable): \_\_\_\_\_