

Dutchtown Animal Hospital

13604 Eads Rd.
Prairieville, La 70769
(225) 677-9900
dutchtownanimal@yahoo.com
<https://dutchtownanimalhospital.com>



Client/Owner Information:

First and Last Name:
Street Address:
City, State, Zip:
Phone Number:
Work Number:
Email Address:
Birthdate (MM/DD/YYYY): This is needed in the event we need to prescribe a controlled substance for your pet.
May we contact you at work if necessary? <input type="radio"/> Yes <input type="radio"/> No

Co-Owner/Authorized Contact:

First and Last Name:
Phone Number:
Email Address:
Does this person have permission to receive medical information about your pets? <input type="radio"/> Yes <input type="radio"/> No

Emergency Contact:

First and Last Name:
Phone Number:

How did you hear about our clinic?

--

If you were referred to us by a friend or family member, please list them below:

--

Please list all of your current pets below:

Name	Species (C/D/O)	Breed	Color	DOB/Est. Age (MM/DD/YYYY)	Sex (M/F)	Fixed (Y/N)	Microchip #

Do we have permission to request records from other veterinary clinic(s) where your pet has previously been a patient? Yes No

Please list the name(s) and phone number(s) of any veterinary clinic(s) where your pet has been a patient:

Do we have permission to release your pet's medical records to other facilities such as boarding, grooming, and/or shelters/rescues?

Boarding facilities requesting vaccine records: <input type="radio"/> Yes <input type="radio"/> No
Grooming facilities requesting vaccine records: <input type="radio"/> Yes <input type="radio"/> No
Shelters/Rescues asking for a vet reference on you as a potential adopter: <input type="radio"/> Yes <input type="radio"/> No
Shelters/Rescues requesting records to be released in the event your pet has been surrendered to them: <input type="radio"/> Yes <input type="radio"/> No

Does your pet have any previous health problems/conditions we should be aware of?

Has your pet ever had any adverse reactions to any medications, vaccines, procedures, injections, etc.? Please list all, if any, below:

In some instances, Dutchtown Animal Hospital may take pictures of your pet to post online for educational content or to post on social media. Please indicate your wishes below:

<input type="radio"/> I hereby grant permission to use my pet's photograph or video on social media, website, promotional materials, etc. without compensation. Materials will become the property of the clinic.
<input type="radio"/> I decline the use of my pet's photograph or video on any social media, website, promotional materials, etc.

By signing below, I understand that exam fees are higher for walk-in (\$76) and emergency exams (\$101) depending on patient load and/or nature of illness.

X

Authorization:

By registering as a client with Dutchtown Animal Hospital, I understand, acknowledge, and agree to pay for all expenses associated with my animal on the date of service. I will be financially responsible regardless if I am the person that has brought my animal for care or if I elect to send a proxy on my behalf. I understand and agree to make full payment using accepted forms of payment by Dutchtown Animal Hospital. Balance is to be paid in full before any additional services can be rendered. I understand if delinquent, my account will incur a monthly finance charge, and may be referred for collections.

X
