

HAUGHTON ANIMAL HOSPITAL

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**PATIENT AND CLIENT
INFORMATION SHEET**

(318) 949-2491
5694 U.S. Hwy. 80 East
Princeton, LA 71067

Thank you for giving Haughton Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR. _____ SPOUSE _____
MRS. OWNER (S) _____
DR. _____
MS. _____
LAST FIRST INITIAL LAST FIRST INITIAL

Mailing Address _____
City State Zip Code

Street Address _____
City State Zip Code

RESIDENCE PHONE _____ WORK PHONE _____ SPOUSE WORK PHONE _____

CELL PHONE _____ E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____ / _____ ADDRESS _____
EMPLOYER TITLE

SPOUSE PLACE OF EMPLOYMENT _____ / _____ ADDRESS _____
EMPLOYER TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO

What is the best time to reach you at home? _____

So that we may be able to suit your individual needs - which do you feel most applies to you:

Check One.

- (1) I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- (2) I want good medical care for my pet, but there is a limit to what I am able to have done.
- (3) I want you to perform only the services that I request.

Who referred you to our hospital? _____

All fees are due upon release of patient. Please indicate your choice of payment.

- Cash
- Check # _____
- MC/VISA
- AMERICAN EXPRESS

PET INFORMATION (Please fill in the following for each pet.)

	PET 1	PET 2	PET 3
NAME			
SPECIES Cat, Dog, Other			
BREED			
DESCRIPTION			
DATE OF BIRTH			
SEX			
SPAYED OR NEUTERED			
DATES VACCINATED			
DHLP (Dog)			
PARVOVIRUS (Dog)			
FVRCP (Cat)			
RABIES (Both)			
HEARTWORM TEST			
FECAL CHECK (Worms)			
DENTISTRY			
FELEUK TEST (Cat)			
FELEUK VACCINE			
ON HEARTWORM PREV.?			
WEIGHT			

Abbot Rev. 2/10

What prior illness or surgery should we know about? _____

EMERGENCY CONTACT AND PHONE _____
 (Friend or relative not living with you)

 CLIENT'S SIGNATURE