



**PATIENT AND CLIENT INFORMATION SHEET**

**W.J. Townsend, D.V.M.  
J.F. Burson, D.V.M.  
Makensie Moore, D.V.M.  
L.A. Feliciano, D.V.M.**

**5694 U.S. Hwy. 80 East  
Princeton, LA 71067  
Fax: (318) 949-5998  
Haughtonanimalhospital.com**

**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:**

**Owner(s)** \_\_\_\_\_ **Spouse** \_\_\_\_\_  
Last First Last First

**Mailing Address** \_\_\_\_\_  
City State Zip Code

**Street Address** \_\_\_\_\_  
City State Zip Code

**Primary Ph** \_\_\_\_\_ / \_\_\_\_\_ **Spouse Ph** \_\_\_\_\_ / \_\_\_\_\_  
Name Name

**What is the best time to reach you?** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ / \_\_\_\_\_  
Employer Title

**Address** \_\_\_\_\_ **Work Ph** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ / \_\_\_\_\_  
Spouse Employer Title

**Address** \_\_\_\_\_ **Work Ph** \_\_\_\_\_

**If necessary, may we call you at work?** \_\_\_\_\_

**Who referred you to our hospital?** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ / \_\_\_\_\_  
(Friend or relative not living with you) Name Phone

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

	<b>PET 1</b>	<b>PET 2</b>	<b>PET 3</b>
<b>Name</b>			
<b>Cat or Dog</b>			
<b>Breed</b>			
<b>Description/Color</b>			
<b>Date of Birth or Estimated Age</b>			
<b>Sex</b>			
<b>Spayed or Neutered?</b>			
<b>On Heartworm Prevention?</b>			

**Prior illness or surgery?** \_\_\_\_\_

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

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

It is important that your financial commitment and responsibilities are made clear before treatment begins. In the case of an emergency, your pet will be stabilized before your medical options are presented.

We offer a wide range of services, medicine, and equipment to give your pet the best care possible. If you are on a budget, let your doctor know so that we can customize a treatment plan for you.

In order for us to provide treatment, we must ensure that you are able to comply with our payment policy.

- 1). Full payment is required at the time services are rendered.
- 2). If your pet is hospitalized or requires extensive medical or surgical procedures, a deposit may be required.
- 3). You will be responsible for paying for all legal and professional fees associated with a collection.
- 4). There will be a \$35.00 service charge for any check returned unpaid.

For your convenience, we accept Cash, Check, Mastercard, Visa, Discover, American Express, and Care Credit.

I acknowledge that I understand and agree to comply with all of the policies of Houghton Animal Hospital.

\_\_\_\_\_  
**Client's Signature**