



(P) 318.255.7081 (F) 318.254.0163 <http://ruston.petstar.vet>

New Patient Information

CLIENT

Owner's Name: (last) _____ (first) _____

Spouse / Other Name: _____

Address: _____

(City, State) _____ (Zip) _____

Telephone: (home) _____ (cell) _____ (work) _____

Social Security #: _____ Driver's License #: _____

E-Mail Address: _____

Military ID #: _____ Branch: _____ Exp: _____

Whom may we thank for your referral? _____

PATIENT

Pet's Name: _____ Species: Canine / Feline / Other: _____

Breed: _____ Color: _____ Birthday / Age: _____

Sex: _____ Neutered / Spayed / Intact

Pet's Name: _____ Species: Canine / Feline / Other: _____

Breed: _____ Color: _____ Birthday / Age: _____

Sex: _____ Neutered / Spayed / Intact

MEDICAL INFORMATION

Please list current prescribed medications:

Please list any major medical problems your pet has been or is being treated for:

Is your pet currently on Heartworm Preventative: Y / N

Where may we access previous vaccination and veterinary records for your pet?

_____ Phone Number: _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital. I agree to pay for the costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the parish where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge.

Signature _____ **Date** _____