

**Monday – Friday**  
7:30 AM – 5:30 PM  
**Saturday**  
8:00 AM – 12:00 PM



**9766 Barringer Foreman Rd.**  
**Baton Rouge, LA 70809**  
**(225) 756 - 0204**

---

## New Client Hospital Form

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill in this form completely. Thank you!

### Registration

Owner Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Spouse's Place of Employment: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

### Pet(s) Health History

Pet's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: Canine Feline Sex: Male/Female Altered: Yes/No  
*Vaccination History: Please provide Kleinpeter Veterinary Hospital with a current copy of your pet's vaccination history. (Date and Type of Last Vaccinations)*

#### **Does your pet have any vaccine reactions: Yes or No**

Please circle any symptoms or problems that you have noticed about your pet:

Bad breath	Behavior problems	Bleeding gums
Lack of appetite	Limping	Loss of Balance
Vomiting	Weakness	Thirst and/or Urination increased
Coughing	Diarrhea	Eye bulging/Bloodshot
Scratching	Seems Depressing	Shaking Head
Gagging	Sneezing	Other _____

Current Medications: \_\_\_\_\_

Describe Pet's Diet: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand the charges must be paid at the time of release and that a deposit may be required for treatment. I give permission to forward medical history of my pet to other veterinarians and boarding/grooming facilities.

---

Signature of Owner/Agent

---

Date