

Cypress Lake Animal and Emergency Hospital

38316 Hwy 929

Prairieville, LA 70769

Your Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Driver's License: _____ **Phone:** (____) _____

Patient's Name: _____

Breed: _____ **Sex:** _____ **Spayed/Neutered?** YES NO (Circle One)

Color: _____ **Age:** _____

Primary Doctor: _____

Clinic's Name: _____

Current Medications: _____

Reason For Visit: _____

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate for charges or fees for presently planned procedures is only a BEST APPROXIMATION and the final bill may be less or greater than this amount.

I have read the above statement and agree to the conditions.

Signature: _____ **Date:** _____

Printed Name: _____