

Cypress Lake Animal and Emergency Hospital

38316 Hwy 929
Prairieville, LA 70769
Phone: (225) 313-3057
Fax: (225) 313-4309

New Client Information

Your Name: _____

Spouse's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Your Date of Birth: _____ Driver's License #: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Employer: _____

E-mail Address: _____

Your Pet's Information!

Name: _____ Species: Dog ____ Cat ____ Other ____

Breed: _____ Age: _____

Sex: Male ____ Female ____ Spayed/Neutered? Yes ____ No ____

Color: _____ Microchipped: Yes ____ No ____

Previous Vet: _____

We will gladly have a doctor or assistant prepare a written estimate for any services being performed if you desire. PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.

Statement of Ownership and Consent:

To prevent the spread of infectious diseases and parasites in our hospital, all pets must be current on vaccinations and free from internal and external parasites. I am the owner of the above animal and have the authority to consent to its treatment. I hereby authorize the performance of professionally accepted diagnostic, therapeutic, and/or surgical procedures. I accept financial responsibility for these services. I will not hold Cypress Lake Animal Hospital liable in any manner regarding the care, treatment, or safe keeping of the above-described animal. **Payment in full is required at the time of discharge.**

Signature _____ Date _____