

# WELCOME TO OUR PRACTICE

**Client Information** *(Please Print)*

Date: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.

Client # \_\_\_\_\_ *(Office Use Only)*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Required) (Required)

Social Security Number: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**\*\*Emergency Contact(If other than Spouse/Significant Other):**  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**How did you learn about our practice?**

- FaceBook \_\_\_\_\_ Our Website \_\_\_\_\_ Yelp \_\_\_\_\_ Real Yellow Pages \_\_\_\_\_ YP.com \_\_\_\_\_
- Search Engine \_\_\_\_\_
- Pet Store \_\_\_\_\_
- Individual \_\_\_\_\_
- Veterinarian \_\_\_\_\_
- Breeder \_\_\_\_\_
- Other \_\_\_\_\_

**Photo/Name Release:** I agree to allow **Avian & Exotic Animal Hospital of Louisiana** to use my name, my pets name and photographs of myself and/or my pet for any lawful purpose including publicity, illustration, advertising, web-site, FaceBook, Twitter, Instagram, You Tube and other media. \_\_\_\_\_ **(Initial)**

**ALL PROFESSIONAL FEES ARE DUE  
AT THE TIME SERVICES ARE RENDERED.**  
We accept: Mastercard / Visa / Discover / Check / Cash / Care Credit

\_\_\_\_\_  
Signature of person responsible for payment Date

\_\_\_\_\_  
If other than client please print name and relationship to client (Rev. 4-25-16)