

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 _____ Veterinarian _____
- Other(please specify) _____

I understand a **\$25.00 cancellation fee** will be accessed on all appointments cancelled **within a 24 hour period.** _____ **(Initial)**

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. 8-17-17)