

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 Boarding 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. Please Print. Thank you!

Registration

Owner Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Home Phone: _____ Work phone: _____

Cell phone: _____ Spouse's Cell: _____

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

Does your pet have seizures: Yes or No

Please list anything we may need to know about your pet.

(Example: Behaviors, diagnoses, abnormalities, etc.)

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