

SHERWOOD
SOUTH



ANIMAL
HOSPITAL

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NEW CLIENT FORM

Welcome to Sherwood South Animal Hospital and Boarding Resort! Thank you for giving us the opportunity to care for your pet(s). In order for us to better serve you and to get to know you, please complete the following:

Client Information

Date _____

Name _____ Spouse/Other _____

Address _____ Driver's License # _____

City/State _____ Zip _____

Home Phone _____ Cell/Mobile _____ Email _____

Place of Employment _____ Phone _____

Spouse's Employment _____ Phone _____

In case of EMERGENCY, is there anyone else we can contact if you are unavailable?

Name/Phone/Relation _____

Children's Names/Ages _____

How did you become aware of our clinic? _____

Personal Recommendation (whom may we thank?) _____

Patient Information

Pet's Name _____ Date of Birth _____ Species/Breed _____

Sex: Male (neutered: yes / no) Female (spayed: yes / no) Color _____

Vaccination History (What, When, Where) _____

Permanent I.D. (tattoo/microchip, etc.) _____ I.D. # _____

Any previous serious illness or surgeries? _____

Any allergies to vaccines or medications? _____

Is your pet on any special diets or medications? _____

My pet lives: Indoors Only Mainly Indoors Indoor/Outdoor 1/2 Outdoors Only

Please list the names and types of any other animals that you own. _____

I HEREBY ACKNOWLEDGE THAT **SHERWOOD SOUTH ANIMAL HOSPITAL** DOES NOT BILL FOR SERVICES. PAYMENT IS EXPECTED AT THE TIME THAT SERVICES ARE RENDERED. WE ACCEPT CASH, PERSONAL CHECK (WITH DRIVER'S LICENSE), AND MAJOR CREDIT CARDS.

Signature _____ Date _____