



Quality Pet Care

New Client / New Patient Information Sheet

Welcome to our clinic! Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. So that we may give your pet the best care possible, please read and fill out this form completely.

Client Information:

Owner's Name: _____ Phone: _____

Alternate phone: _____ E-mail address: _____

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

Spouse / Partner's Name: _____ Phone: _____

Patient Information:

(Circle One)

Pet's Name: _____ Canine / Feline / Other _____ Breed: _____

Color: _____ Birthday/Age: _____ Female / Male _____ Spayed / Neutered / Neither _____

List any previous Veterinary Clinics that your pet has been to: _____

Date of last vaccines: _____ What brand and type of foods does your pet eat? _____

Are there any other pets in your household? If so, how many? Dogs _____ Cats _____ Other _____

Pertinent medical history: _____

Please circle the Flea Prevention that you give your pet.

Comfortis Trifexis NexGard Revolution Sentinel Frontline Advantage NONE

Other (please list): _____

Please circle the Heartworm Prevention that you give your pet.

Trifexis HeartGard Iverhart Revolution Advantage Proheart Sentinel NONE

Other (please list): _____

Please list any other medications that your pet is currently taking: _____

Does your pet have any allergies? If so, please state what they are. _____

How did you hear about us? _____ Whom may we thank for referring you? _____

Are you military or first responder? _____ (proof of id required)

I [circle one] Do / Do Not authorize use of my pet's first name, photograph and clinical information on Quality Pet Care, LLC's website, social media, news media page or within informational pamphlets. Under no circumstances will my name, my personal or financial information be shared through these media sources.



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I hereby certify that I am the legal owner or the agent for the owner of the animal described above. I authorize the veterinarian to examine, prescribe for, and treat my pet. I will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. I also understand that if I do not pick up my animal from Quality Pet Care and do not pay for boarding and/or veterinary services within 10 days of being billed for same, Quality Pet Care, LLC, has the legal right to consider my animal to have been abandoned and will then follow the Louisiana laws which govern abandoned animals, Louisiana Revised Statutes 3:2452 through 3:2454. I certify that I have been given a copy of these laws by Quality Pet Care and that I have read and understood same.

Signature: _____

Date: _____