



8109 Hwy 63
P.O. Box 524
Clinton, LA 70722
Email: clintonanimalhospitalllc@gmail.com

Phone: 225.683.8502
Fax: 225.683.8514

Justin M. Williams, DVM

R.F. "Ricky" Beauchamp, DVM

Tara M. Falgoust, DVM

New Client Form

Welcome to Clinton Animal Hospital! Thank you for giving us the opportunity to care for your pet(s). In order for us to better serve you, please complete the following:

Client Information:

Date: _____ Please circle one: Dr. Mr. Mrs. Ms.

Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License #: _____ State Issuing Driver's License: _____

Place of Employment: _____ Employer's Telephone #: _____

Spouse / Other's Name: _____ Spouse / Other's Cell Phone: _____

Spouse's Employer: _____ Spouse's Employer's Telephone #: _____

In case of EMERGENCY, is there anyone else we can contact if you / your spouse / other are unavailable? Name / Relation / Phone _____

How did you become aware of our clinic (where / who)? _____

Patient Information:

Pet's Name: _____ Species / Breed: _____ Color: _____ DOB: _____

Sex: Male (neutered: yes/no) Female (spayed: yes/no) On special diet or medications? _____

Any current medical conditions? _____ Allergies to vaccines / medications: _____

Most recent vaccination history (what, where, when): _____

What type of Heartworm Prevention is your pet currently on? _____

I hereby acknowledge that Clinton Animal Hospital DOES NOT BILL for services. Payment is expected at time services are rendered. We accept Cash, Personal Check with driver's license, American Express, Visa, Mastercard, Discover, and Care Credit. \$25.00 charge for NSF checks. A deposit may be required for hospitalized pets.

Signature: _____ Date: _____