

Existing Client / New Patient Form

HOPE Veterinary Clinic
9792 Florida Blvd.
225-271-8051
Dr. Cortney Pitzer, Dr. Susan Yarnall & Other Veterinarians

New Patient Information

PLEASE FILL OUT COMPLETELY, 2 PAGES

Owner's Name: _____ Pet's Name: _____

Breed: _____ Age: _____ Color: _____

Please Circle: **Male or Female**

Please Circle Spayed/Neutered: **Yes or No**

Reason for Today's Visit: _____

May we use your pet's picture on social media? Please Circle: **Yes or No**

- Mainly to educate the public about specific medical conditions or just happy pics of your pet during their visit/stay.

Vaccination Policy

To ensure protection of all pets and personnel, all pets admitted to HOPE Veterinary Clinic MUST be up-to-date on their vaccinations. If your pet has not had any of the required vaccinations within the last year, they will be UPDATED at your expense, pending confirmation of a healthy animal. _____ (initial here) *We Require proof of vaccines from a Licensed Veterinarian*

IF YOUR PET IS HERE FOR TREATMENT OF PARVO, PLEASE SKIP THIS, WE WILL UPDATE VACCINES ONCE THE VIRUS HAS CLEARED.

*Required core DOG vaccines (Distemper, Hepatitis, Parvo, Parainfluenza, Rabies & Bordetella). We do however vaccinate for Leptospirosis as well, case pertaining but highly recommended.

*Required core CAT vaccines (Feline Viral Rhinotracheitis, Calici Virus, Panleukopenia Virus & Rabies). We include Feline Leukemia in our combo vaccine for cats.

External Parasites (Fleas)

All animals admitted must be free of fleas, any pet found to have fleas will be treated at the owner's expense with a Capstar tablet that kills fleas for 24 hours on your pet. _____ (initial here) 9 \$ or will be advised to purchase flea & tick prevention.

Hospitalization and/or Treatment Update

You will be updated daily by the Veterinarian or the Veterinarian's Technician via phone call about your pet's status, treatment procedures etc. Please make sure that your phone numbers at the beginning of this form are correct.

Authorization & Consent to Treatment

- I verify that I am the Owner (or Authorized Agent for the owner) of the pet listed above and I authorize the recommended procedures/treatments to be performed on my pet. I authorize the use of anesthesia and other medication as deemed necessary by the Veterinarian.
- I understand that during the performance of the foregoing procedures/treatments, unseen conditions may be revealed that necessitates an extension of the foregoing procedures/treatments. I hereby consent to and authorize the performance of such procedures/treatments as are necessary and desirable in the exercise of the Veterinarian's professional judgement.
- I agree to be responsible for any charges incurred while my pet is in the care of HOPE Veterinary Clinic and understand payment is due at the time my pet is released from the hospital.

***Signature of Owner or Responsible Agent:** _____

Date: _____