



MONROE ANIMAL HEALTH

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NEW CLIENT FORM

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Driver's License #: _____ Social Security #: _____ - _____ - _____

Employer: _____ Position: _____

Spouse's Name: _____ Spouse's Cell: _____

Spouse's Employer: _____ Work Phone: _____

Emergency Contact Person: _____ Phone: _____

How did you find out about us? _____

ATTENTION: To prevent the spread of infectious disease and parasites all in-patients, out-patients, pets to be bathed, & boarders must be current on all vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed.

Financial Policy

All fees are due at the time services are rendered. We will gladly provide you with an estimate for any services needed. For your convenience, we accept cash, checks, VISA, MasterCard, American Express, & Discover. We also accept Care Credit which you can easily apply for online at www.carecredit.com or we would be happy to help you apply at our office.

PLEASE NOTE: You are authorizing the performance of diagnostic and/or therapeutic procedures as the Veterinarian indicates. I agree to pick up described pet when informed & assume full responsibility of all fees. Fees quoted are subject to change depending on individual circumstances. In efforts to collect debt, I accept full responsibility for any fees incurred by this office or by the use of an outside collection agency.

Signature: _____ Date: _____

PLEASE CONTINUE ON OTHER SIDE.

Pet #1 Name: _____ **DOB/Age:** _____

Species: DOG CAT BIRD RODENT

Sex: MALE(UNNEUTERED) MALE(NEUTERED) FEMALE(UNSPAYED) FEMALE(SPAYED)

Breed: _____ **Color:** _____

Length of time owned: _____

Pet Food: _____

Heartworm Prevention: TRIFEXIS SENTINEL PROHEART REVOLUTION

OTHER: _____

Prior Illness: _____

Prior Surgery: _____

Most recent vaccinations given: _____

Pet Origin: HUMANE SOCIETY PET SHOP BREEDER STRAY SHELTER
FRIEND INDIVIDUAL (NON-BREEDER)

Pet #2 Name: _____ **DOB/Age:** _____

Species: DOG CAT BIRD RODENT

Sex: MALE(UNNEUTERED) MALE(NEUTERED) FEMALE(UNSPAYED) FEMALE(SPAYED)

Breed: _____ **Color:** _____

Length of time owned: _____

Pet Food: _____

Heartworm Prevention: TRIFEXIS SENTINEL PROHEART REVOLUTION

OTHER: _____

Prior Illness: _____

Prior Surgery: _____

Most recent vaccinations given: _____

Pet Origin: HUMANE SOCIETY PET SHOP BREEDER STRAY SHELTER
FRIEND INDIVIDUAL (NON-BREEDER)