



GLEN MELTON, DVM
PATRICK MURRAY, DVM
JEAN AULTMAN, DVM
RICHARD BAESSLER, DVM
NATALIE MAYER, DVM

10735 McCreight St.
Bastrop, LA. 71220
TEL (318) 283-0656
FAX (318) 283-0680

NEW CLIENT FORM

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

Client Information:

Date _____ Email Address _____

Name _____ Spouse/Other _____

Address _____ Driver's License # _____

City/State _____ Zip _____

Home Phone _____ Cell/Mobile _____ or _____

Place of Employment _____ Phone _____

Spouse's Employment _____ Phone _____

Children's Name/Age _____

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

Name/Phone/Relation _____

How did you become aware of our clinic? Yellow Pages Referral Friend/Family Online Other

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 Outdoors Only

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

I HEREBY ACKNOWLEDGE THAT MELTON VETERINARY 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), MAJOR CREDIT CARDS, AND CARE CREDIT.

Signature _____

Date _____