



Marion R. Sewell, DVM

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Ruston, LA 71270

(318) 255-6927

RustonAnimalClinic.com

Serving Ruston, LA since 1970

New Patient/Client Registration Form

Owner's Name _____ Spouse/Other _____

Address _____ City _____ ST _____ Zipcode _____

() - () - () -
Home Phone Cell Phone Work Phone

E-Mail Address _____

Best time to call _____ Preferred Phone Number Home Cell Work

Driver's License/State ID _____ Social Security Number _____ - -
required *required*

Emergency Contact _____ Phone No. () -

Name of Employer _____

Address _____ City _____ ST _____ Zipcode _____

How did you first hear about Ruston Animal Clinic?

- Clinic Google Other Internet _____
 Individual - Whom should we thank? Facebook Other _____

Payment Agreement

Payment in full is expected at the time of visit and I understand if I do not pay on this account as agreed, the account is subject to costs of collection, and attorney fees, including interest. I understand the return check fee is \$28.00 and will be added to my total bill.

I am requesting that veterinary care be provided for pets presented by me or my agent. I understand that I am financially responsible for all services provided.

To prevent the spread of infectious disease and parasites, all in-patients, out-patients, boarders and grooming pets must be current on all vaccines and 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.

Signature _____ Print Name _____ Date _____

We are not able to create charge accounts. For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express and CareCredit.

Custom care for every tail.™

Owner's Name _____

Pet Information

Please complete all information for each pet.

	Pet 1	Pet 2	Pet 3
Name			
Species (cat, dog, etc.)			
Breed			
Color/Description			
Age			
Date of Birth			
Sex			
Neutered/Spayed			
Diet (kind of food)			
Hours spent outside each day			
Microchip number			
Previous vaccination on file?			
Name and phone number of previous veterinarian or hospital for vaccination/ medical history	Name _____	Name _____	Name _____
	Phone _____	Phone _____	Phone _____



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