

Garden District Animal Hospital

1302 Perkins Road
Baton Rouge, LA 70806-6749
(225)381-9661

New Client Registration

Client Information – Please Print

Date: _____

Owner's Name: _____

Spouse's Name: _____

Address: _____

City, State, Zip: _____

Phones: Home- _____ Work: _____

Cell- _____ Cell 2: _____

Email: _____

I give permission to disclose my pets medical records. (circle one) yes or no

Patient Information- Please Print

Dog	Cat	Name	Breed	Color	Date of Birth	Sex	Neutered/Spayed

Date of last vet visit: _____

Previous veterinary clinic/ City: _____

Account Information- Please Print

Who is responsible for Account: _____

Address(if different): _____

Referred By: ___ Personal Recommendation, ___ Sign, ___ Mailer, ___ YP, ___ Google, ___ Other

Professional Fees are Due at the Time services are performed.

Sign: _____ Date: _____