



2403 East 70<sup>th</sup> Street, Shreveport, LA 71105  
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 Email – [CSS@townesouthah.com](mailto:CSS@townesouthah.com)



Welcome to Towne South Animal Hospital! Thank you for giving us the opportunity to care for your pet. Please take a few minutes and fill out this form completely. Thank you!

Client Information (pet owner)			
Client Name:		Date:	
Address:		Cell Phone:	
City:	State:	Zip:	Home Phone:
E-Mail:			
Employer:		Work Phone:	
Social Security #:		Date of Birth:	
Driver's License #:		Driver's License State:	
No checks can be accepted without Social Security #, Driver's License # and Date of Birth			

Spouse's Name:		Spouse's Cell Phone:	
Spouse's E-Mail:			
Spouse's Employer:		Spouse's Work Phone:	
Spouses Social Security #:		Spouse's Date of Birth:	
Spouse's Driver's License #:		Spouse's Driver's License State:	

Can we text you? Yes No	Do you have pet insurance? Yes No		
	Insurance Policy # & Company:		
Can we post pictures of your pet(s) on social media (Facebook etc.)? Yes No			
How did you hear about Towne South Animal Hospital? Internet Facebook Drive By Other Outdoor Friend – Please tell us who we can thank:			
In case of Emergency, whom should we contact? (someone other than you or spouse, preferably)			Phone:

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that payment is **DUE AT THE TIME OF SERVICE**. We will gladly prepare a written estimate of service fees (please ask our Doctor, VA or CSS). We accept cash, check, Care Credit, Visa, Master Card, American Express, Discover and Care Credit. There will be a \$35.00 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized or boarded patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Client Signature: \_\_\_\_\_