



**Azalea Lakes Veterinary Clinic**  
 15225 Jefferson Highway  
 Baton Rouge, LA 70817  
 225-755-3838  
 Fax: 225-755-3809  
[azalealakevet@bellsouth.net](mailto:azalealakevet@bellsouth.net)

**Owner Registration Form**

**OWNER'S NAME** \_\_\_\_\_  
**CELL PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_  
**WORK PHONE** \_\_\_\_\_ **PERMISSION TO TEXT? YES OR NO**  
**WHICH PHONE IS YOUR PRIMARY #?** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_  
**EMPLOYER** \_\_\_\_\_

.....  
**CO-OWNER'S NAME** \_\_\_\_\_  
**CELL PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_  
**WORK PHONE** \_\_\_\_\_ **PERMISSION TO TEXT? YES OR NO**  
**EMPLOYER** \_\_\_\_\_

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 \*\*\*We offer an online app free of charge to our clients. You will receive reminders via email and/or text. Please include your email address and cell phone in the above information. Please see our website for more information on how to download the app.\*\*\*

**Emergency Contact (other than listed above)** \_\_\_\_\_  
**Phone Number(s)** \_\_\_\_\_

**If anyone else is authorized to pick up your pet please list below:**

\_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*FULL PAYMENT EXPECTED AT TIME OF SERVICES\*\*\***

I hereby authorize the veterinarian(s) to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release. A deposit may be required for surgical, farm calls or emergency treatment.

**SIGNATURE OF OWNER OR RESPONSIBLE PARTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_