



Azalea Lakes Veterinary Clinic
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New Patient Form

OWNER'S NAME _____ **PHONE #** _____

PET'S NAME _____ **PET'S DATE OF BIRTH** _____

DOG _____ **CAT** _____ **OTHER** _____

MALE _____ **FEMALE** _____ **SPAYED/NEUTERED? YES** _____ **NO** _____

BREED _____ **COLOR** _____

DATE OF LAST VACCINATIONS _____

PREVIOUS VETERINARIAN TO OBTAIN RECORDS _____

IS YOUR PET ON ANY MEDICATION(S) OR SUPPLEMENTS?

**IS THERE ANY MEDICAL OR BEHAVIORAL HISTORY THAT WE SHOULD BE AWARE OF?
VACCINE OR DRUG REACTIONS?**

