



Azalea Lakes Veterinary Clinic
 15225 Jefferson Highway
 Baton Rouge, LA 70817
 225-755-3838
 Fax: 225-755-3809
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 _____

.....
 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:** _____