



**Ruston Animal Clinic**  
 5523 Hwy 167  
 Ruston, LA 71270  
 (318) 255-6927  
 RustonAnimalClinic.com  
 help@rac.vet

*Serving Ruston, LA since 1970*

## New Patient / Client Registration Form

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zipcode \_\_\_\_\_

( ) - ( ) - ( ) -  
 Cell Phone Home Phone Work Phone

E-Mail Address \_\_\_\_\_

Driver's License / State ID \_\_\_\_\_ Social Security Number \_\_\_\_\_  
required required for check writing privileges

Emergency Contact \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zipcode \_\_\_\_\_

How did you first hear about Ruston Animal Clinic?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Clinic Sign                                 | <input type="checkbox"/> Google Search | <input type="checkbox"/> Other Internet _____ |
| <input type="checkbox"/> Individual - Whom should we thank?<br>_____ | <input type="checkbox"/> Facebook      | <input type="checkbox"/> Other _____          |

### Payment Agreement

Payment in full is expected at the time of visit and I understand if I do not pay on this account as agreed the account is subject to costs of collection, and attorney fees, including interest. I understand the return check fee is \$35.00 and will be added to my total bill.

I am requesting that veterinary care be provided for pets presented by me or my agent. I understand that I am financially responsible for all services provided.

To prevent the spread of infectious disease and parasites, all in-patients, out-patients, boarders and grooming pets must be current on all vaccines and free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed.

\_\_\_\_\_  
 Signature Print Name Date

We are not able to create charge accounts. For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express and CareCredit.

**Custom care for every tail.™**

## Pet Information

Please complete all information for each pet.

	Pet 1	Pet 2	Pet 3
Name			
Species (cat, dog, etc.)			
Breed			
Color/Description			
Age			
Date of Birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diet (Brand of food)			
Hours spent outside each day			
Microchip number			
Previous vaccination on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and phone number of previous veterinarian or hospital for vaccination/ medical history	Name _____ Phone _____	Name _____ Phone _____	Name _____ Phone _____



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