



Dr. Glen Melton
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NEW CLIENT FORM

Welcome to Melton Veterinary Hospital! Thank you for giving us the opportunity to care for your pet(s). In order for us to better serve you and get to know you, please complete the following:

CLIENT INFORMATION:

Date _____ Email Address _____
Name _____ Spouse/Other _____
Address _____ City/State/Zip Code _____
Home Phone _____ Cell/Mobile _____ or _____
Place of Employment _____ Phone _____

IN CASE OF EMERGENCY:

Name/Phone/Relation _____
How did you become aware of our hospital? _____
Personal Recommendation (whom may we thank?) _____

PATIENT INFORMATION:

Pet's Name _____ Date of Birth _____ Age (as of today) _____
Species _____ Breed _____ Color _____
Sex: Male (Neutered Yes/No) Female (Spayed Yes/No)
Vaccination History (What, When, Where) _____
Permanent I.D. (tattoo/microchip/etc.) _____ I.D. # _____
Any previous serious illness or surgeries? (Yes/No) If so, please list _____
Any allergies to vaccines or medications? (Yes/No) If so, please list _____
Is your pet on any special diets or medications? (Yes/No) If so, please list _____

My pet lives (circle one): Indoors Only Mainly Indoors Indoor/Outdoor Outdoors Only

I HEREBY ACKNOWLEDGE THAT MELTON VETERINARY HOSPITAL **DOES NOT BILL** FOR SERVICES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, PERSONAL CHECKS (WITH DRIVERS LICENSE), MAJOR CREDIT CARDS, AND CARE CREDIT.

Signature _____

Date _____