



Village Veterinary Center
 2040 Bonin Rd
 Youngsville, LA 70592

Drew LeCompte, D.V.M.

Appointment:
 8:00 A.M. - 5:00 P. M.
 Monday- Friday
 (337)-856-7441

Thank you for giving Village Veterinary Center the opportunity to care for your special friends. So that we may better meet your needs, please complete the following.

Clients Name: _____ Spouse: _____

Address, City, St, Zip: _____ Phone: _____

Employer: _____ Phone: _____

Email Address: _____ Cell Phone: _____

How did you become aware of our services? _____

If recommended, whom may we thank? _____

Dog	Cat	Other	Name	Breed	Color	Date of Birth	Sex	Neutered?

Please list any other important information about your pets:

Practice Policies

Accounts: All charges are due and payable at the time services are rendered. We will accept payment by cash, check or credit card.

Standards and Ethics: Village Veterinary Center endorses the principles of the Louisiana Board of Veterinary Medicine and the American Veterinary Medical Association. It is our intention to provide thorough medical care for our patients in strict compliance with these standards.

After Hour Emergencies: Please call, Lafayette Animal Emergency Clinic, (337)989-0992, 206 Winchester Dr, Lafayette, LA 7D506.

Once Again, Thank you for the Opportunity to Serve You!

 Client Signature

 Date

Village Veterinary Center
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Youngsville, LA 70592, (337) 856-7441

Please take a few minutes to tell us a little bit about your pet.

Name: _____ Age: _____

How long have you had him/her? _____

Where did you get him/her? _____

When was his/her last set of vaccinations: _____

Please check off which vaccines were given:

<input type="checkbox"/> Rabies 1 yr.	<input type="checkbox"/> Feline Leukemia	<input type="checkbox"/> Rabies 3 yr.	<input type="checkbox"/> Feline FIV
<input type="checkbox"/> Distemper	<input type="checkbox"/> Feline Upper Respiratory	<input type="checkbox"/> Bordetella/	<input type="checkbox"/> Kennel Cough

Is he/she currently on any medications? _____

Where does he/she spend most of his/her time?

Indoors

Outdoors

In and out

Does he/she come in contact with any other pets/animals?

Yes

- Other pets in household
- Boarding facility
- Groomers
- Dog park

No

What do you feed your dog/cat? _____

If offered table scraps or treats, list examples: _____

Please check any of the conditions that your pet has experienced:

<input type="checkbox"/> Eye discharge	<input type="checkbox"/> Change in appetite
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Change in weight
<input type="checkbox"/> Hair loss	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Itching	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Skin growth	<input type="checkbox"/> Coughing
<input type="checkbox"/> Lump/mass	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Fleas/ticks	<input type="checkbox"/> Frequent urination
<input type="checkbox"/> Change in behavior	<input type="checkbox"/> Leaking/dribbling urine

Seizures, how many-and how long? _____

Is he/she on heartworm preventative? Yes No

If yes what brand? _____

Is he/she on flea/tick preventative? Yes No

If yes what brand? _____

Please list any other questions/ or concerns you might have:
