



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 _____
DATE OF BIRTH _____ DL# _____ SS# _____
CELL PHONE _____ HOME PHONE _____
WORK PHONE _____
EMAIL _____
ADDRESS _____
CITY/STATE/ZIP _____
EMPLOYER _____

CO-OWNER'S NAME _____
DATE OF BIRTH _____ DL# _____ SS# _____
CELL PHONE _____ HOME PHONE _____
WORK PHONE _____
EMAIL _____
ADDRESS _____
CITY/STATE/ZIP _____
EMPLOYER _____

We offer the online pet partner 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.

In case of emergency please call _____

Phone Number(s): _____

I also authorize _____ to pick up my pet(s).

*****FULL PAYMENT IS EXPECTED AT THE 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, and that a deposit may be required for surgical, farm calls or emergency treatment.

I understand that if my pet has live fleas/ticks present at the time of check in, he/she will be given a dose of flea/tick prevention at my expense.

SIGNATURE OF OWNER OR
RESPONSIBLE PARTY: _____ DATE: _____