



VETERINARY TEACHING HOSPITAL & CLINICS
LOUISIANA STATE UNIVERSITY

CASE#

DATE

ADMISSION RECORD

Welcome to the LSU Large Animal Clinic, a component of the Veterinary Teaching Hospital & Clinics. Examination and treatment of your animal will be provided by a team of caregivers under direct supervision of a staff veterinarian.

Please provide the following information for our records: **PLEASE PRINT!!**

CLIENT INFORMATION

NAME	HOME PHONE # ()
ADDRESS	BUSINESS PHONE # ()
CITY,STATE,ZIP	CELL PHONE # ()
SOCIAL SECURITY #	FAX # ()
DRIVER'S LICENSE #	E-MAIL

ANIMAL INFORMATION

ANIMAL'S NAME			
SEX (PLEASE CHECK ONE)	<input type="radio"/> FEMALE	<input type="radio"/> MALE	<input type="radio"/> CASTRATED MALE
BIRTHDATE	SPECIES (PLEASE CHECK ONE) <input type="radio"/> HORSE <input type="radio"/> COW <input type="radio"/> GOAT <input type="radio"/> PIG <input type="radio"/> OTHER _____		
BREED	COLOR	APPROXIMATE MAXIMUM VALUE \$	

REFERRAL INFORMATION

VETERINARIAN'S NAME
ADDRESS
CITY,STATE,ZIP
PHONE # ()

TRAINER INFORMATION

TRAINER'S NAME
PHONE # ()
E-MAIL ADDRESS

REASON FOR VISIT

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You will be advised of estimated costs and anticipated procedures. **A minimum deposit of 50% of the initial estimated charges will be required for hospitalization of an animal patient.**

STATEMENT OF OWNERSHIP AND CONSENT:

- I am the owner of the above-described animal, or have authorization from the owner to consent to its treatment.
- I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic, and surgical procedures necessary for its treatment.
- I accept financial responsibility for these services.
- I will not hold Louisiana State University or its agents liable in any manner regarding the care, treatment, or safekeeping of the animal described above.

SIGNATURE	DATE
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