



Thank you for giving St. Francis Animal Hospital the opportunity to care for your pet. To help us be able to give the best possible care, please provide us with the following information.



Client Information

Name: _____ D.O.B. _____ Spouse: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Spouse: Work Number: _____ Cell: _____
Employer: _____ Spouse Employer: _____
What is the best means to contact you? Phone Text E-mail
Phone # _____ Text # _____ E-mail address _____
How did you learn about our hospital? (Please specify) _____
Referral: Who may we thank? _____

I consent that St Francis Animal Hospital may use photographs or videos of my pet on their social media tools which includes, but is not limited to, their Facebook page and website. Yes No



Patient Information

Pet name: _____ Dog Cat Other _____
Breed: _____ Color: _____ Date of Birth: _____
Gender: Male Female Is your pet neutered / spayed? Yes No
Is your pet: Current on Vaccines? Yes No
Date given _____ By whom _____
On Heartworm Prevention? Yes No If yes what product? _____
On Flea/Tick Prevention? Yes No If yes what product? _____
Covered by Insurance? Yes No Microchipped? Yes No MC# _____
Allergic to any medications or vaccines? Yes No If yes what? _____
On a special diet? Yes No If yes what diet? _____
Currently on any medications? Yes No Drug: _____ For: _____
Is there any other information that you like for us to know? _____



I hereby authorize the Veterinarian of St. Francis Animal Hospital to examine, prescribe for, or treat my pet(s) described on this form. I understand that I am responsible for all charges incurred in the care of my animal(s). I also understand that all charges will be paid in full at the time services are rendered and that a deposit may be required for all extensive treatment.

Signature of Client: _____ **Date:** _____

Method of Payment Cash Check Credit Card Care Credit Other _____