

St. Francis Hospital for Animals

Client Information Form

Dr. ____ Mr. ____ Mrs. ____ Ms. ____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternative Contact: _____ Alternative Contact Phone: _____

Who may we thank for recommending us? _____

Pet Information

Name: _____ Dog _____ Cat _____ Other _____

Male ____ Female ____ Spayed/Neutered? Yes No Breed: _____

Age/Birthdate: _____ Colors/Markings: _____

Previous Veterinarian Name and Phone Number:

List any prior and current medical problems: _____

List any major surgeries your pet has had: _____

List any allergies or drug reactions: _____

Electronic Media Consent

Would you like to receive emails and texts messages from St. Francis Hospital for Animals? This includes bloodwork results, information about upcoming appointments, and other information regarding hospital policies and your pet's health.

YES

NO

Email Address: _____

Do you give us permission to use pictures of your pet on our social media sites? YES NO

Payment Policy

PAYMENT IN FULL is required at the time services are rendered. We do not offer billing. We can provide an estimate for services before they are performed. We accept cash, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, AND CARE CREDIT. We no longer accept checks.

By my signature, I certify that I have read and understand the payment policies of St. Francis Hospital for Animals and hereby agree to abide by them. All information I have provided here is true to the best of my knowledge.

Signature

Date