

ST. FRANCIS 24 HOUR ANIMAL HOSPITAL
CLIENT / PATIENT INFORMATION FORM

CLIENT INFORMATION: Name: _____

Spouse/Co-owner's name: _____

Address: _____
STREET CITY, STATE ZIP CODE

Home/Primary #: _____ Work #: _____

Other #'S: _____ Please call this number first: Home / Work / Other

In case of an EMERGENCY, besides yourself, who should we contact? _____

Phone #: _____

If St. Francis is not your PRIMARY Veterinary Hospital, please list who is: _____

I am eligible for St. Francis' Senior Citizen Discount since I am 60 years of age or older - () YES

(1) PET INFORMATION: Name: _____

[] Dog [] Cat [] Bird [] Rabbit [] Ferret [] Reptile/Amphibian [] Other: _____

Breed: _____ Color: _____

Birth date or Approx. Age: _____ [] Spayed Female [] Female [] Neutered Male [] Male

Reason for Visit: _____

HAS YOUR PET HAD... (Please circle and list date)

- 1. Allergies to any vaccines, medication, food, etc? YES NO _____
2. Rabies vaccination within the last 3 years? YES NO DATE LAST GIVEN: _____
3. Yearly vaccinations within the last year? YES NO DATE LAST GIVEN: _____
4. Medication for a current medical problem? YES NO _____
5. A recent physical examination? YES NO _____
6. Any previous medical work-up or tests? YES NO _____

Please describe your pet's diet (Brand Name/Type/Canned/Dry): _____

(2) PET INFORMATION: Name: _____

[] Dog [] Cat [] Bird [] Rabbit [] Ferret [] Reptile/Amphibian [] Other: _____

Breed: _____ Color: _____

Birth date or Approx. Age: _____ [] Spayed Female [] Female [] Neutered Male [] Male

Reason for Visit: _____

HAS YOUR PET HAD... (Please circle and list date)

- 1. Allergies to any vaccines, medication, food, etc? YES NO _____
2. Rabies vaccination within the last 3 years? YES NO DATE LAST GIVEN: _____
3. Yearly vaccinations within the last year? YES NO DATE LAST GIVEN: _____
4. Medication for a current medical problem? YES NO _____
5. A recent physical examination? YES NO _____
6. Any previous medical work-up or tests? YES NO _____

Please describe your pet's diet (Brand Name/Type/Canned/Dry): _____

How did you first hear of our hospital? [] Referral; someone we may thank? _____

[] Yellow Pages [] News Paper Ad [] Web site [] Hospital Sign [] Other: _____

Statement of Financial Responsibility:

Receptionist _____

We will gladly prepare a written estimate if you desire - please ask the receptionist or doctor.

I am aware that I am responsible for all charges for medical services that my pet receives. I understand that I may be asked to leave a deposit for medical services should my pet require a hospital stay. This deposit will be kept at approximately half of estimated charges on a daily basis. In the event of a check returned NSF or stop payment, a \$65.00 fee will be added to my account. I have read and understand St. Francis Animal Hospital's fee policies and my obligation to pay in full at the time medical services are completed.

Signed _____ Date _____

CLIENT _____ PET _____