

Welcome to St. Francis Animal Hospital!



Your Name: _____ / _____ Spouse: _____ / _____
Last Name First Last Name First

Address: _____ / _____ / _____ / _____
Number/Street/Road/Apt. City State Zip County

Home Number: _____ Cell Number: _____

Employer: _____ Military? Work Number: (_____) _____

Driver's License OR Social Security Number _____

Spouse's employer: _____ Spouse's Number: (_____) _____

REGULAR VET: _____ Primary Email Address: _____

HOW DID YOU HEAR ABOUT US? (radio, social media, etc.) _____

*** PHOTO RELEASE: We love to share precious moments with our furry patients to our social media accounts, but will only do so with your permission! I grant St. Francis Animal Hospital the right to take photographs of my pet to use for any lawful purpose, including illustration, advertising, and web content.

I give permission for St. Francis Animal Hospital to take photos of me and/or my pet

Please do not take pictures of me and/or my pet.

PET INFORMATION:

1. Name: _____ Canine/ Feline Age: _____ Breed: _____ Color: _____
Male (neutered)/ Female(spayed)

2. Name: _____ Canine / Feline Age: _____ Breed: _____ Color _____
Male (neutered)/ Female(spayed)

Please indicate your pets' most recent procedures (Month/Year)

1. Rabies: _____ DAPP: _____ Kennel Cough: _____ Heartworm: _____ Fecal: _____ Leukemia (feline only) _____

2. Rabies: _____ DAPP: _____ Kennel Cough: _____ Heartworm: _____ Fecal: _____ Leukemia (feline only) _____

➤ Cats to be up to date on Rabies, Distemper

➤ Dogs to be up to date on Rabies, DAPP & Bordetella whenever they are in our clinic for treatment, surgery, or boarding; these immunizations must have been performed by a licensed DVM. Pets with fleas or ticks will be treated by the safest means to be determined by our professional staff; also at owner's expense. If pet is not picked up within 10 days of scheduled pick up or arrangements made to stay longer, I understand that he/she will be considered abandoned. St. Francis Animal Hospital is given authorization to dispose of the pet(s) as it deemed best.

"I am financially responsible for my pet and agree to pay all fees incurred. I understand that any medical or surgical procedure is attended by some risk, and that it is not possible to guarantee the successful outcome of such procedures. This agreement is in force from this date forward unless I notify the clinic in writing to the contrary."

Signature _____ Date _____

WE DO NOT ACCEPT CHECKS

Payment is expected when services are rendered