



# St. Francis Veterinary Hospital New Client Information

Welcome to St. Francis Veterinary Hospital. Please help us provide your pet with the best care possible by completing the information on this form.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mrs. \_\_\_\_ Mr. \_\_\_\_ Dr. \_\_\_\_ Ms. \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_

Social security # \_\_\_\_\_

Date of last vaccinations and where? \_\_\_\_\_

Please indicate any previous problem your pet has had (allergies, surgeries, illnesses, etc.)

Have you been to St. Francis Veterinary Hospital? Yes \_\_\_\_ No \_\_\_\_

Is your pet on any medication at this time? Yes \_\_\_\_ No \_\_\_\_

## Additional Contact 1:

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to treat pet? Yes \_\_\_\_ No \_\_\_\_ Initial Here: \_\_\_\_\_

## Additional Contact 2:

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to treat pet? Yes \_\_\_\_ No \_\_\_\_ Initial Here: \_\_\_\_\_

## How did you hear about us?

Yellow Pages \_\_\_\_ Newspaper \_\_\_\_ Television \_\_\_\_ Hospital Sign \_\_\_\_ Radio \_\_\_\_ Web site \_\_\_\_

Personal Recommendation \_\_\_\_ (Whom can we thank? \_\_\_\_\_)

Other \_\_\_\_\_

## Method of Payment Today

For your convenience, at the time we perform services, we accept MasterCard, VISA, as well as cash or check (with a valid driver's license). Please check one: Cash \_\_\_\_ Check \_\_\_\_ Debit/Credit \_\_\_\_



# St. Francis Veterinary Hospital New Client Information

## Pet Information

Please fill out for all of your pets!

### Pet 1:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet bite? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet have allergies? yes \_\_\_\_\_ no \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what? \_\_\_\_\_

### Pet 2:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet bite? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet have allergies? yes \_\_\_\_\_ no \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what? \_\_\_\_\_

### Pet 3:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet bite? yes \_\_\_\_\_ no \_\_\_\_\_

Does your pet have allergies? yes \_\_\_\_\_ no \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what? \_\_\_\_\_