



St. Francis Animal Hospital Registration Form



Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Spouse Cell Phone _____ Work/Other _____

Email Address _____

Pet's Name _____ Date of Birth or Approximate Age _____

Dog Cat Other _____ Sex: Male Neutered Unneutered

Breed _____ Female Spayed Unspayed

Color _____ Is your pet microchipped? Yes No

If yes, which manufacturer if known: _____

If Cat: strictly indoor indoor/outdoor indoor/limited outdoor
 front declawed all 4 declawed not declawed

Reason for Visit _____

Previous veterinarian(s) where past records can be obtained from _____

Has your pet been treated for any illness in the past year? Yes No

Specify problem(s), medication(s) and dosage, if known _____

Has your pet had any allergic reaction to a medication or vaccine? Yes No

If so, specify _____

List the names and types of other animals that you own _____

How did you first hear of us? _____

Individual we may thank if applicable _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized treatment.

I agree to have my pets on a leash or in a carrier while on the premises.

I accept that veterinary services may be denied if I fail more than once to keep an appointment, arrive on time, or cancel 24 hours in advance .

Owner or Responsible Party _____

Driver's License Number _____