



**Welcome to St. Francis Pet Care Center**  
**Thank you for entrusting us with your pet's care.**

Owner's name: \_\_\_\_\_ Spouse / Other: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**Contact Options:** Email: \_\_\_\_\_ **Emergency:** Name: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Text Messaging? \_\_\_\_\_

**How did you become aware of our hospital?**

Drive By     Phonebook     Previous Client     Internet     Other: \_\_\_\_\_  
 Personal Recommendation    Whom may we thank? \_\_\_\_\_

**Please provide a copy of any medical records including vaccinations**

Previous Hospital: \_\_\_\_\_ Dr.: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name	Breed	Color	D.O.B / Age	Sex	Spayed/ Neutered	Microchip

**PAYMENT POLICY**

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient to you: cash, check, credit/debit card., CareCredit

It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required.

A copy of your Driver's License is requested for check writing purposes.