

St. Francis Veterinary Clinic

New Patient Information

Welcome to St. Francis Veterinary Clinic. Our staff is dedicated to excellence in patient care and will do their utmost to make your pet's visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information:

Your name _____ Spouse's Name _____

Your Address _____ City _____ State _____ Zip _____

Cell # _____ Spouse Cell # _____ Work # _____ Home # _____

Emergency Contact _____ Emergency # _____

Email Address _____

Place of Employment _____ Spouse Employment _____

Driver's License # _____ Social Security # _____

How did you choose our practice? Phone Book _____ Location _____ Website _____ Internet _____ Shelter _____ Smartphone _____

Other(Please Specify) _____

Personal Recommendation (Whom may we thank?) _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Male or Female Neutered or Spayed?			
Microchipped? (Yes/No)			
Previous Vet Information			
Name/Hospital/ Phone			
Last Heartworm Prevention			

Treatment Authorization

I am the owner or agent for the animals described above, and I have the authority to execute this consent. I hereby authorize the Veterinarians and staff of St Francis Veterinary Clinic to examine and render treatment. I also authorize the use of appropriate materials and surgical procedures, including anesthetics and other medications as deemed necessary by the Veterinarians. I realize that results cannot be guaranteed.

Payment Policy

I understand that cash, credit cards, or personal checks are accepted. If paying by check, a valid driver's license must be presented and the name on the license must be the same as the name on the check. Credit cards are verified electronically. If authorization is declined for any reason on a check or credit card, another method of payment is required. WE DO NOT ALLOW CHARGING, AND CANNOT SEND BILLS. FULL PAYMENT IS REQUIRED AT THE TIME WHEN SERVICES ARE PERFORMED. A verbal or written medical care plan will be provided upon request. A prepayment of approximately one-half of the total estimated fees may be required initially, with the remaining balance due and payable upon release of the animal. If you are unable to comply with this payment policy, please notify the doctor or staff.

How do you plan to settle your account today? _____ Cash _____ Check _____ Credit Card

I have carefully read the Treatment Authorization and the Payment Policy and by signing below agree to all conditions.

Signature _____ Date _____