



18111 Katy Freeway, Suite B
Houston, Texas 77094
281-599-PETS
www.StFrancis-Pets.com

CLIENT INFORMATION

Name _____ Spouse _____
Address _____ City _____
State ___ Zip _____ Home Phone _____ Cell Phone _____
Additional Contact _____ Alternative Phone _____
Place of Employment _____ Work Phone _____
Email _____ Driver's License # _____
How would you prefer to receive reminders? Email / Mail (circle one)
How did you hear about us? Billboard / Drive by / Mailer / Internet / Phone Book / Event
Personal Recommendation: _____

PET OWNER'S RIGHT TO PRIVACY

The Texas Veterinary Licensing Act prohibits the disclosure of your name, address and your pet's health care records without your authorization. Would you give us permission to release your pet's immunization records to another veterinary office, boarding facility or groomer?
 Yes No Signature: _____ Date _____

PATIENT INFORMATION

Pet's Name _____ Dog Cat (circle one) Date of Birth _____
Breed _____ Color _____
Sex: M F Spayed or Neutered? Yes No Indoor / Outdoor / Both (circle one)
Is your pet on heartworm prevention? No Yes Product: _____
Is your pet on flea preventive? No Yes Product: _____
Previous medical problems? _____
Current medications? _____
Current diet? _____
Known allergies/drug reactions? _____

ADDITIONAL PET INFORMATION

Pet's Name _____ Dog Cat (circle one) Date of Birth _____
Breed _____ Color _____
Sex: M F Spayed or Neutered? Yes No Indoor / Outdoor / Both (circle one)
Please provide your pet's previous veterinarian including the doctor's name, hospital & office #:

Is your pet on heartworm prevention? No Yes Product: _____
Is your pet on flea preventive? No Yes Product: _____
Previous medical problems? _____
Current medications? _____
Current diet? _____
Known allergies/drug reactions? _____
Additional Pets? No Yes – *Please use additional page*

All fees are due at the time services are rendered.