



# St. Francis Animal Hospital | New Client Form

[www.stfrancis-pets.com](http://www.stfrancis-pets.com) | 18111 Katy Freeway, Houston, TX 77094 | P: (281) 599-7387

**Client Information – We keep all Client Information Confidential**

Date: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

**In case of emergency and we cannot contact you, who should we contact?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Communication Consent** – Do we have permission to contact you using one or more of the below communication method(s)?

Please circle and initial: Home Address \_\_\_\_\_ Email \_\_\_\_\_ Phone: Home | Cell | Work \_\_\_\_\_

**Would you like to receive text message updates regarding overnight stays, surgeries, and other medical information related to your pet?** Yes \_\_\_\_\_ No \_\_\_\_\_ Best Number: \_\_\_\_\_

**Media Consent** – I grant St. Francis Animal Hospital and its representatives/employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

Please Initial: Yes, I consent: \_\_\_\_\_ No, I do not consent: \_\_\_\_\_

**How did you hear about us? Please circle one:**

Referral Google Facebook Business Directory (Yelp, Angie’s List, Yellow Pages etc.) Online Ad Print Ad  
Direct Mailer Community Event Drive By Other

Is there someone we can thank for referring you to our clinic?  
\_\_\_\_\_

## Pet Information

	Pet 1:	Pet 2:	Pet 3:	Pet 4:
Name:				
Species:				
Breed:				
Color:				
Birthday/Age:				
Sex:				
Spayed/Neutered:				
Known Allergies:				
Microchipped:				
Should your pet be muzzled?				
Previous Veterinarian**:				

\*\*We will request records.

Permission to share your records with: Other Hospitals/Emergency/Specialty \_\_\_\_\_ Groomers/Daycare \_\_\_\_\_ Pet Insurance \_\_\_\_\_

**AUTHORIZATION:** I, the undersigned, do hereby certify that I am the owner, or assuming responsibility, financial or otherwise, for the animal being presented to St. Francis Animal Hospital for the treatment of care. I hereby consent and authorize St. Francis Animal Hospital to receive, prescribe for or treat, as indicated, this animal presented. It is thoroughly understood that I assume all risks. All animals staying must be current on all vaccines and be free of external and internal parasites. We reserve the right to update vaccines and treat parasites as needed at the owner’s expense. I agree, if appropriate, to pick up this animal at the designated date and time agreed to by myself and St. Francis Animal Hospital. If in the event that the animal is not picked up, there will be a notice of 10-days to come claim the animal or it will be considered abandoned. The animal will be held in the manner that is considered to be most appropriate for the animal and the hospital. It is understood that I am not released from costs associated with the care of the pet. We do not bill and all fees are due when services are rendered. Deposits are required for all hospitalized patients. Our Hospital only accepts cash, personal checks (driver’s license required), Visa/MasterCard, and Discover Card. I understand that if I do not pay my balance in full, that I am responsible for all statement fees, finance charges, and attorney/collection fees.

Owner/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_