

# Welcome to St. Francis Pet Hospital, L.L.C.

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## PET INFORMATION

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?:  Yes  No

Species:  Dog  Cat  Other \_\_\_\_\_

Pet's Date of Birth \_\_\_\_\_  Exactly  Approximately Breed: \_\_\_\_\_ Color: \_\_\_\_\_

We would be happy to see your other pets too!

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## CLIENT INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse/Partner - First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please provide your Social Security # \_\_\_\_\_ Spouse/Partner Social Security # \_\_\_\_\_

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## FINANCIAL POLICY

**Payment is due at the time of service. We accept cash, check, credit/debit card, and Care Credit. A service charge of 2.5% will be charged to your account for every 30 days that your account is delinquent. The minimum monthly service charge is \$4.00.**

How will you be paying today?

Cash  Check  Credit/Debit card  Care Credit card

## NO SHOW POLICY

After your 2<sup>nd</sup> no-call/no-show for a non-surgical appointment, you will be charged a fee for every no-call/no-show thereafter.

For every no-call/no-show for a surgical or sedation appointment, you will be charged a fee.

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**I verify that all the information provided is accurate, and agree to the payment terms stated. Should the account be referred for collection, I shall be responsible for attorney's fees, court costs, and collection expenses. All delinquent accounts may bear witness at the legal rate.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU!**