



SAINT FRANCIS ANIMAL HOSPITAL

CLIENT REGISTRATION FORM

Thank you for giving St. Francis Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

	OWNER	CO-OWNER
NAME		
STREET ADDRESS		
CITY, STATE ZIP		
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
HOME PHONE		
CELL PHONE		
WORK PHONE		
OCCUPATION		
EMPLOYER		
DRIVERS LIC/STATE		
EMAIL ADDRESS		

How did you hear about us?

Internet Drove By Yellow Pages Recommended By _____

Payment Policy

Due to the rising cost of labor, drugs and general overhead, to keep from raising our fees substantially, we have decided to eliminate charge accounts. Fees are expected to be paid as services are rendered. We accept Cash, Debit, Visa, Master Card, American Express and Discover.

In order to avoid misunderstanding we urge that all fees be thoroughly discussed before services are performed. We give you a general estimate on cost for surgeries or any other treatment. A deposit will be required for any pet admitted for surgery or hospitalization.

I understand that I am responsible for payment of any fees for services, medications and products for any pet in this record file or fees incurrent in a collection process.

Signature of owner(s) or financially responsible person for all pets included in the record is required.

Owner: _____ Date: _____

Co-Owner: _____ Date: _____

For Office Use Only

Staff Receiving Registration Form _____ Form Signed and Dated _____ Date _____

Mailed Card _____ Record Number _____