

St. Francis Animal Clinic

5380 Trail Boulevard, Naples, FL 34108

Phone: 239-597-3108 Fax: 239-597-4180

Email: naplesvet@aol.com

WELCOME!

Thank you for giving us the opportunity to care for your pet(s). To allow us to become better acquainted, please fill out the following form. Thank you!

CLIENT INFORMATION

_____ First Name	_____ Last Name	_____ Spouse First Name	_____ Spouse Last Name
_____ Address	_____ City	_____ State	_____ ZIP
_____ Cell Phone Number	_____ Alternate Phone Number		
_____ Driver License Number	_____ Work Phone Number		
_____ E-mail address	_____ Alternate E-mail address		

Do any of your pets have severe or significant medical conditions that they are being treated for (i.e. parvo, heart failure, diabetes, etc.)?

Have any of your pets been seen or treated for any sickness or disease in the last 3 months?

Do any of your pets need to be muzzled or sedated to examine?

PATIENT INFORMATION

Pet #1:

Name _____

Breed _____

Date of birth _____

Color _____

Male _____ Female _____ Spayed or Neutered? _____

Microchip _____

Muzzled? _____

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Pet #2:

Name _____

Breed _____

Date of birth _____

Color _____

Male _____ Female _____ Spayed or Neutered? _____

Microchip _____

Muzzled? _____

Pet #3:

Name _____

Breed _____

Date of birth _____

Color _____

Male _____ Female _____ Spayed or Neutered? _____

Microchip _____

Muzzled? _____

How did you become aware of our clinic?

Drove by Yellow Pages Internet Search

Personal referral (Whom may we thank?) _____

How will you be paying today? Personal checks will not be accepted for new clients until becoming an established client (typically one year).

Cash Credit Card Care Credit

Agreement: I understand by submitting this registration, that I am responsible for all charges incurred by my pet(s) while in the care of St. Francis Animal Clinic and that all charges are due at the time of service. My signature here does not constitute my consent for services, only that once services have been offered and been agreed upon, I am then responsible for those charges. A written ESTIMATE may be offered for most services before their performance, although some services have a range of cost based on factors that will be discussed. Any balance that I leave unpaid will be forwarded to a collection agency and will incur a collection fee for which I am liable, in addition to monthly finance charges.

I have read and agree to the terms.

Signature _____

Date _____