

St. Francis' Pet Hospital

Centerton Location - 1400 Market St., Martinsville, IN - 317-831-8231
Mooreville Location - 9042 Hendricks Co. Rd., Camby, IN - 317-831-3271
Holt Road Location - 3015 S. Holt Rd., Indianapolis, IN - 317-487-1122

Date: _____ Owner Name: _____ Pet's Name: _____

Species: _____ Breed: _____ Age: _____ Sex: M/F Spayed/Neutered? _____

Date of Last Vaccination: _____ Brand of Food: _____ Amt. Of Food Eaten Daily: _____

Currently on Heartworm Prevention? Yes/No If yes, what brand & date last given? _____

Currently of Flea/Tick Prevention? Yes/No If yes, what brand & date last applied? _____

IF YOUR PET IS FOUND TO HAVE LIVE FLEAS, FLEA PREVENTION WILL BE APPLIED AT YOUR EXPENSE.

Currently taking any medications? Yes/No If yes, what kind & how often? _____

Do you need any medication refills today? Yes/No If yes, what kind? _____

Does your pet have any known allergies? Yes/No If yes, explain: _____

Please list any prior or ongoing medical/surgical problems: _____

I would like my pet to be examined for the following reason(s): (Please circle all that apply)

Vomiting Diarrhea/Loose Stool Coughing Sneezing Changes in Urination

Lethargy Check Ears Check Skin Changes in Appetite

Check Wound(s)/Lump(s) Location/Duration: _____

Lameness Location/Duration: _____

Any recent food or lifestyle changes? Yes/No If yes, explain: _____

Has your pet had anything to eat or drink out of the ordinary? Yes/No If yes, explain: _____

Since the problem first started, is your pet getting better, worse or the same? _____

If the doctor deems necessary, I give my permission for the following test(s) to be done in order to aid in diagnosing medical problems that my pet may have: (Please circle all that may apply.)

X-Rays

Heartworm Test

Intestinal Parasite Exam

Urinalysis

Bloodwork

Ear/Skin Cytology

I understand that, in the event of an emergency, and/or if I am unable to be contacted at one of the telephone numbers listed below, the attending veterinarian has my permission to perform any treatment, use of anesthesia, and/or lab tests that serve in the best interest of my pet. In the case of unexpected circumstances, unless the life of the pet is in imminent danger, I wish that the attending veterinarian perform any necessary services only up to \$ _____ in addition to already quoted approximate pricing. (Such services might include, but are not limited to, additional tooth extraction, non-routine surgical procedures, retained testical, foreign body removal, etc.)

I understand that my listed cap for charges might limit the services the veterinarian can perform on my pet. I also understand that I am financially responsible for any and all services provided. Payment must be made at the time services are rendered.

Client signature: _____ Contact Phone #1 _____

Contact Phone #2 _____ (Office use only) Client# _____