St. Francis' Pet Hospital @ Centerton
1400 Market Street
Martinsville, IN 46151
(317) 831-8231

St. Francis' Pet Hospital @ Mooresville
9042 Hendricks Co. Rd.
Camby, IN 46113
(317) 831-3271

Date:__________ Client 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)

Xrays ($108) Heartworm Test ($25) Intestinal Parasite Exam ($25)

Urinalysis ($25) Bloodwork ($95 & up) Ear/Skin Cytology ($12-$25)

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. 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# __________