

WELCOME TO KENTWOOD CAT CLINIC AND CAT CLINIC NORTH!

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs better by taking a moment to share some important information we will need as we support your cat's needs today and in the future. Please complete all sections.

Your full name: _____ Spouse/partner's name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: home _____ cell: _____ work: _____

E-mail: _____ Driver's license number: _____

Would you like to receive our newsletter by e-mail? Yes No

Emergency contact: _____ Phone: _____

Employer / occupation: _____ / _____

Spouse/partner's employer: _____ work phone: _____

Best times / numbers to call to talk to you about your pet? _____

Most convenient appointment day/times? _____

How did you hear about us? Personal referral (name): _____

Sign/drive by Yellow pages Internet search / Facebook / our website

Advertisement (where?): _____ Other: _____

We will gladly prepare a written estimate if you desire. This is important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We take cash, checks, MasterCard, Visa, Discover and Care Credit. There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of responsible agent for pet(s): _____ Date: _____

Is there anyone else we may discuss your cat's care with? (family member, pet sitter, housekeeper, etc)

Name(s): _____

Please tell us about all your pets below:

Cat	Dog	Other	Pet's name	Birth date or age	Sex	Description