

WELCOME TO OUR CAT CLINIC

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 Name _____ Spouse/Partner Name _____

Address _____ City _____ St _____ Zip _____

Children/Visitor Names _____

Phone # Home _____ Cell _____ Fax _____ Pager _____

Email _____ Emergency Contact _____ Phone _____

Driver License State _____ Number _____

.Employer/Address _____

Occupation _____ Work Phone _____

Spouse/Partner Employer/Address _____

Occupation _____ Work Phone _____

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

Most convenient appointment times? _____ Pet Health Insurance _____

How did you hear about us? Referred Sign Yellow pages Other

We will gladly prepare a written estimate, if you desire. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, and Discover. 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 preventive care, and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s) _____ Date _____

Cat	Dog	Other	Pet's Name	Birthday/Age	Sex	Description
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					