

Welcome

We at The Cat Doctor would like to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be happy to help you. We look forward to working with you in maintaining good health for your feline friend.

YOUR NAME: last name, first name _____ DATE: _____

SIGNIFICANT OTHER: last name, first name _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMPLOYER: _____ OCCUPATION: _____

DRIVER'S LICENSE#: _____ STATE: _____ EXP: _____

E-MAIL: _____ HOW DID YOU HEAR ABOUT US? _____

NOTIFY IN CASE OF EMERGENCY, NAME AND PHONE #: _____

HOW LATE IN THE EVENING MAY THE DOCTOR RETURN YOUR CALL? _____

CAT'S NAME: _____ BREED: _____

COLOR _____ D.O.B./AGE: _____

PLEASE CIRCLE: FEMALE MALE NOT NEUTERED NEUTERED or SPAYED AT WHAT AGE? _____

WHERE DID YOU OBTAIN THIS PET? PLEASE CIRCLE: FRIEND BREEDER PET SHOP HUMANE SOCIETY

OTHER PLEASE EXPLAIN: _____

FOR WHAT PURPOSE WAS THIS PET OBTAINED? PLEASE CIRCLE: COMPANIONSHIP BREEDING SHOW

MOTION PICTURE INDUSTRY OTHER PLEASE EXPLAIN: _____

PLEASE CIRCLE ONE: INDOORS ONLY IN/OUTDOORS OUTDOORS ONLY

DATE VACCINE WAS LAST GIVEN: FVRCP _____ RABIES _____ FIP _____

LEUKEMIA _____ FIV _____ BORDATELLA _____

ANY KNOWN DRUG REACTIONS, ALLERGIES, HEALTH OR BEHAVIOR PROBLEMS? _____

PET #2 NAME: _____ BREED _____

COLOR: _____ D.O.B./AGE: _____

PLEASE CIRCLE: MALE FEMALE NOT NEUTERED NEUTERED AT WHAT AGE: _____

POLICY

IF YOUR CAT REQUIRES HOSPITALIZATION THE ADULT OWNER SHALL GIVE WRITTEN PERMISSION TO THE DOCTOR TO PERFORM THE NECESSARY TREATMENTS. A MINIMUM DEPOSIT OF ONE HALF THE ESTIMATED COST, OR \$50.00 WHICHEVER IS GREATER SHALL BE LEFT WITH THE RECEPTIONIST. **ACCOUNTS ARE PAYABLE IN FULL AT THE TIME YOUR KITTY IS RELEASED FROM THE HOSPITAL.** VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, ARE ACCEPTED IN ADDITION TO CASH OR CHECKS. CARE CREDIT IS ALSO AVAILABLE. THERE IS A \$25.00 RETURNED CHECK CHARGE. NON-PAYMENT FOR ANY REASON WILL RESULT IN THE ACCOUNT BEING SUBMITTED FOR COLLECTION AND YOU AGREE TO PAY THE FULL AMOUNT PLUS THE COST OF COLLECTION. **FAILURE TO PAY FOR ANY REASON COULD IMPAIR YOUR CREDIT RATING!**

I HAVE READ AND AGREE TO THE ABOVE POLICY.

PLEASE SIGN HERE: _____ DATE: _____