

Client Information



Date: _____

First Name: _____ Last Name: _____ (circle): Mr. Mrs. Ms. Dr.

Address: _____
(number) (street) (apt #) (city / state) (zip)

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____ Permission to contact: Y or N

Employer: _____

Co-Owner's Name: _____ Relationship: _____ Phone: (____) _____ - _____

How did you first hear about us?

- | | | | |
|---------------------------------|--------------|------------------|-------|
| a. Referral from a friend | Who? _____ | b. Yellow Pages | _____ |
| c. Advertisement | Where? _____ | d. Internet | _____ |
| e. Other (please specify) _____ | | f. Drove-by/Sign | _____ |

Pet Information

Name: _____ Gender: _____ Age: _____ Breed: _____

Has your pet been vaccinated for: Rabies: **Y N** Has your pet been tested for Heartworm Disease? **Y N**

Has your pet been spayed / neutered? _____

Feline: FVRPCP: **Y N** Leukemia: **Y N** FIV(Aids): **Y N**

Has your cat been tested for FeLV / FIV? **Y N**

Canine: Distemper: **Y N** Bordetella: **Y N** Lepto: **Y N** Influenza (H3N8): **Y N**

At what hospital was your pet last vaccinated? _____

Please describe the reason for today's visit: _____

Financial Policy

The Cat & Dog Clinic requires full payment for services at the time of treatment.

We accept cash, Visa, MasterCard, Discover, American Express and CareCredit.

Please note: WE DO NOT ACCEPT CHECKS.

Prior to hospitalization and/or boarding, a deposit of 50% is required.

Safety Policy

For the safety of the staff and pet owners The Cat & Dog Clinic requires the following at the time of arrival:

- ✔ All dogs must be secured on a leash or in a pet carrier.
- ✔ All cats must be secured in a pet carrier.
- ✔ Animals that bite must be wearing a muzzle before entering the building.
- ✔ Animals that bite must be sedated for examination and treatment.

By my signature below, I agree to pay all charges when services are rendered.

Signature: _____ Date: _____