



The
**CAT
DOCTOR**

OWNER/PATIENT INFORMATION

All information is strictly confidential

(Caution – this form is printed on carbonless paper.)

VETERINARY HOSPITAL & HOTEL

www.catdr.com

Owner Information

Owner's Name: _____
 Owner's Address: _____
 City, State: _____ Zip _____
 Home Phone: (_____) _____
 Cell Phone: (_____) _____
 Work Phone: (_____) _____
 Employer: _____
 Email: _____

Co-Owner Information

Co-Owner's Name: _____
 Co-Owner's Address: _____
 Same as owner
 City, State: _____ Zip _____
 Home Phone: (_____) _____
 Cell Phone: (_____) _____
 Work Phone: (_____) _____
 Employer: _____
 Email: _____

Emergency Information

In case of emergency, call: _____ at (_____) _____ Relation: _____

Patient Information

Cat's Name: _____ Birth Date or Approximate Age: _____
 Breed: _____ Domestic Short Hair Domestic Medium Hair Domestic Long Hair
 Color: _____ Female Spayed Female Male Neutered Male
 How long have you had this cat? _____ Where did you get this cat? _____
 Does this cat go outside? Never Occasionally A lot Has this cat been declawed? No Yes Microchipped? No Yes
Test & Vaccine History:
 Leukemia tested? No Yes Results: _____ Date: _____ FIV tested? No Yes Results: _____ Date: _____
 Date of last FVRCP (Distemper/Upper respiratory) vaccine: _____
 Date of last FeLV (Feline Leukemia) vaccine: _____
 Date of last Rabies vaccine: _____ Rabies: 1 year or 3 year vaccine? _____
 Where were these vaccines done? _____
 Abnormalities, previous problems, drug/vaccine reactions: _____

Referral Source

How did you hear about us? (Please circle one.)
F – Friend/Client
 Whom may we thank? _____
N – Newspaper/Magazine
 Which one? _____
P – Professional Referral
 Who? _____
R – Radio
 Which station do you listen to? _____
U – Qwest Dex **I** – Impact Yellow Pages
S – Sign/Location **T** – TV **W** – Website

Additional Information

To Help us Help You...

- Check below if any owner qualifies for our 5% Senior Citizen Discount:
 (65 years or older)
- Is any household member elderly or immuno-suppressed?
 No Yes
- Number of household pets:
 _____ Cats
 _____ Dogs
 _____ Other Describe: _____

Financial Policy

OUR FINANCIAL POLICY

- We expect full payment at the time of service/discharge unless PRIOR arrangements have been made.
- We accept cash, check, Visa, Mastercard, Discover, American Express and debit cards.
- A deposit of 25-50% may be required before extensive services are performed.
- For cats brought in by unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been pre-authorized and arranged with our staff.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.
- Missed appointments are expensive; time and staff have been arranged just for you. If you find you cannot keep your appointment, please let us know as soon as possible.
- I give permission to have my cat's medical records released, at my request, to and from The Cat Doctor Veterinary Hospital and Hotel.

I have read, understand and agree to the above Financial Policy.

Owner/Responsible Party _____ Date: _____
 Co-Owner/Responsible Party _____ Date: _____