

CLIENT INFORMATION SHEET

Owner Information

Owner's Name: _____

Owner's Address: _____

City, State: _____ Zip _____

Preferred Phone: (_____) _____ Cell Home Work Other: _____

Secondary Phone: (_____) _____ Cell Home Work Other: _____

Additional Phone: (_____) _____ Cell Home Work Other: _____

Employer: _____

Email: _____ DOB: _____

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

Co-Owner Information

Co-Owner's Name: _____

Co-Owner's Address: _____
 Same as Owner

City, State: _____ Zip _____

Preferred Phone: (_____) _____ Cell Home Work Other: _____

Secondary Phone: (_____) _____ Cell Home Work Other: _____

Employer: _____

Email: _____ DOB: _____

Referral Source

How did you hear about us? (Please circle one.)

Friend/Client: Whom may we thank? _____

Newspaper/Magazine: Which one? _____

Professional Referral: Who? _____

Radio: Which station? _____

Yellow Pages/Phone Book: Which one? _____

TV: Which station? _____

Online: Where? _____

Sign/Location Our website: www.catdr.com

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, Care Credit 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 transferred to and from The Cat Doctor Veterinary Hospital and Hotel as necessary.
- I give permission for The Cat Doctor to share pictures and stories of me and my cat(s) on their website and in social media.

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

Owner/Responsible Party _____ Date: _____

Co-Owner/Responsible Party _____ Date: _____