

WELCOME TO OUR HOSPITAL!

Thank you for giving us the opportunity to care for your kitty! Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

CLIENT'S NAME _____ SPOUSE/OTHER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
WORK PHONE _____ EMPLOYER _____
E-MAIL ADDRESS _____ SPOUSE/OTHER _____
WORK PHONE _____ Alternate Emergency Number _____

Have you visited The Feline Medical Center's Website? Y / N (www.felinemedcenter.com)

Has your pet been microchipped? Y / N

Would you like more information regarding microchipping? Y / N

Do you have insurance for your pet(s)? Y / N

Would you like more information regarding pet insurance? Y / N

We will gladly prepare a written treatment plan if you desire (please ask our doctor OR receptionist). 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, Discover, American Express or can establish a payment arrangement if approved in advance of the treatment. There will be a \$30.00 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.

I also grant Feline Medical Center permission to post my pet's picture and story on social media (i.e. Facebook, Twitter, etc.)

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

How did you select us? _____

If personal referral, who may we thank? _____

May we share patient history with other (circle all that apply):
Veterinary Hospitals, Boarding/Grooming Facilities, None

Cat's Name	DOB	Sex: M/Neutered F/Spayed	Breed/Color



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