

CLIENT INFORMATION

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs better by taking a moment to complete this information sheet. This form **MUST** be completed before your cat is examined or admitted into this hospital.

DATE: _____

OWNER'S NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____ CITY: _____, TX ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

In case of EMERGENCY, please call: _____ PHONE: _____

CAT'S MEDICAL INFORMATION

CAT'S NAME: _____

BREED: Shorthair, Medium Hair, Longhair, Other (please specify): _____

DATE OF BIRTH (If unknown, approximate): _____ COLOR: _____

_____ MALE _____ FEMALE _____ CASTRATED/SPAYED

I hereby give Memorial Cat Hospital permission to take photographs and videos of me and my pet for the purpose of posting on the Memorial Cat Hospital facebook, Youtube and clinic website. I am above the age of 18 and hereby release and discharge Memorial Cat Hospital from any and all claims arising out of use of the photos and videos. By signing this, the owner waives confidentiality of this medical record and authorized Memorial Cat Hospital to disclose any information contained in the patient medical record.

TRACKING

How did you first hear of our hospital?

____ Referral Clinic: If yes which Clinic/Veterinarian _____

____ Hospital Sign ____ Internet/Website ____ Mailing/Pamphlet ____ Facebook

____ Yellow Pages ____ School Directory ____ Review Site ____ AAHA Referral ____ Other

Individual; Someone we may thank: _____

PAYMENT POLICY

****PAYMENT (IN FULL) IS DUE AT THE TIME SERVICES ARE RENDERED****

We will gladly prepare a written estimate if you desire, please ask the receptionist or doctor. It is your responsibility to request an estimate PRIOR to services being performed. We accept cash, local checks, American Express, MasterCard, Visa & Discover.

CONSENT/AUTHORIZATION

I AUTHORIZE MEMORIAL CAT HOSPITAL TO PROVIDE MEDICAL CARE TO MY CAT.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASE AND PARASITES, HOSPITALIZED OR BOARDED ANIMALS MUST BE CURRENT ON VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES.

SIGNATURE: _____ DATE: _____