



2449 Battleground Ave.  
Greensboro, NC 27408  
(336) 545-3390

## Client Registration

Date \_\_\_\_\_

Owner's Name Ms. Mrs. Mr. Dr. \_\_\_\_\_

Spouse or Significant Other \_\_\_\_\_

COMPLETE Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Spouse Work# \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Owner's Birthdate:** \_\_\_\_\_

NC Department of Health and Human Services General Statute 90-113.70, now requires us to provide the date of birth of the owner whenever the patient is sent home with any Schedule II - IV class drugs for a period longer than 48 hours.

\*\*\*E-mail address: \_\_\_\_\_

\*\*\*You were referred to our clinic by (circle one): Sign Yellow Pages Internet Friend

If referred by a friend, who? (we would like to thank them!) \_\_\_\_\_

## Patient Information

Cat's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spayed or Neutered? Yes No Declawed? Yes No

Date of Birth or Approximate Age \_\_\_\_\_

Date of Last: Feline Leukemia Test \_\_\_\_\_

FIV (Aids) Test \_\_\_\_\_

Feline Distemper/Respiratory Vaccination (FVRCP) \_\_\_\_\_

Feline Leukemia Vaccination (FeLV) \_\_\_\_\_

Rabies Vaccination \_\_\_\_\_

Does your cat stay (circle one): Inside only Outside only Inside/Outside

How many other cats are in your household? \_\_\_\_\_

What do you feed your cat? \_\_\_\_\_

Does your cat have any medical problems (other than the reason for this visit) of which you are aware? \_\_\_\_\_

**\*\*Please Continue to Page 2\*\***

## Sedation Consent Form

While every effort will be made to treat and/or groom your cat with a minimum of restraint, there are situations from time to time that require sedation. This is for the protection and well-being of your cat as well as our staff. We use very safe Isoflurane gas. It works quickly to sedate your cat and he or she will be wide awake minutes after being taken off of the gas.

We're sure you understand and encourage this policy. Please indicate your acceptance of the above authorization by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Cat Clinic of Greensboro, P.C. Payment Policy

Payment is due at time of service.

We accept Visa, MasterCard, Discover, American Express and Care Credit.

We also accept cash and checks.

A 50% deposit may be required prior to procedures being performed.

Should your check be dishonored for any reason, we will debit your account electronically for the amount of the check, as well as a \$40.00 processing fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_