

Welcome to Civic Feline Clinic  
Please fill out the following form as completely as possible.



Client Full Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Referred by: Yellow Pages   Internet   Hospital Sign/Drive-by   Other \_\_\_\_\_

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

Gender: Male ☐ Female ☐ Spayed ☐ Neutered ☐

Known allergies or reactions to medications:

Previous veterinarian/hospital \_\_\_\_\_

May we obtain records from your previous veterinarian? Yes ☐ No ☐ N/A ☐

I authorize the veterinarians and staff of Civic Feline Clinic to examine, prescribe, and treat my cat described above. I assume responsibility for all charges incurred in this patient's care. I understand that payment is due at the time of service and that a deposit may be required for surgery, hospitalization or advanced therapies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date