



WELCOME

Thank you for giving us the opportunity to care for your pet. We're happy to answer any questions you have about your pet's health. To ensure the best care possible, please take a moment to fill this form out completely.

OWNER INFORMATION (Please confirm and fill in any missing information.)

Name: _____ (Select Your Primary #) Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Email: _____ Driver's License #: _____

Co-Owner: _____ Co-Owner Cell Phone: _____

FELINE INFORMATION (Please confirm and fill in any missing information.)

Name: _____ Species: **Feline** Breed: _____ Birthdate: _____

Color: _____ **Male** or **Female** (circle one) Spayed or Neutered: **Yes / No** (circle one)

Please check any that apply:

- My cat roams the neighborhood, wooded areas, or fields.
- My cat socializes with other outdoor cats.
- My cat spends time outside in the yard or on the porch.
- My cat has been tested for FeLV/FIV.

Describe any injury or illness in the past 30 days: _____

List any medication(s) that your pet is currently on: _____

List reactions to any medications, supplements, or vaccines: _____

List any food intolerances: _____

Describe any special dietary requirements: _____

HOW DID YOU HEAR ABOUT US?

- Friend/Family (Please provide their name so they can earn a \$25 credit!): _____
- Web Search
- Social Media
- Yelp
- Drove By
- Other: _____

Photo/Testimonial Release:

By checking this box, I give Crittter Care the right to use photos of me and/or my pets or testimonials that I have written for use on their website and/or Facebook page. I also agree to release Crittter Care from all claims for libel, slander, invasion of privacy, infringement of copyright, right of publicity, or any other claim. I also confirm that I am 18 years of age or older.

Crittter Care Payment Policies:

Payment is due at time of service with full payment due at time of discharge. If a written estimate has been provided to you, please note that the final cost may vary – depending on the nature of the medical care. Written estimates are honored for up to 30 days. If you fail to show up for an appointment or cancel an appointment less than 2-hours prior to the scheduled appointment time, we will require a \$65 exam fee paid prior to scheduling any additional appointments. This pre-paid fee will be applied to charges incurred at the appointment. If you fail to show for the appointment, you will lose the pre-paid \$65. A \$5 service charge is assessed monthly for any outstanding balance.

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges in the care of this animal. I understand that these charges must be paid at time of discharge.

Signature Owner/Agent:	Printed Name:	Date:
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Please see other side to add more pets to your account! Thank you.

ADDITIONAL PET INFORMATION

Please list all additional pets in your household.

Name: _____ Species: _____ Breed: _____ Birthdate: _____

Color: _____ **Male or Female** (circle one) Spayed or Neutered: **Yes / No** (circle one)

Name: _____ Species: _____ Breed: _____ Birthdate: _____

Color: _____ **Male or Female** (circle one) Spayed or Neutered: **Yes / No** (circle one)

Name: _____ Species: _____ Breed: _____ Birthdate: _____

Color: _____ **Male or Female** (circle one) Spayed or Neutered: **Yes / No** (circle one)

Patient Information Release

Please contact my previous veterinarian for copies of their medical records.

Previous Veterinary Clinic: _____ Phone: _____

(Please list any other veterinary clinics that we should contact below, if more than one.)