

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 ☐

Has your cat ever been FeLV/FIV tested? Yes ☐ Results: _____ No ☐

Microchip ID: _____

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