

CLIENT INFORMATION SHEET

Owner Information

Owner's Name: _____

Preferred Name: _____ Pronouns: _____

Owner's Address: _____

City, State: _____ Zip _____

Preferred Phone: (_____) _____ - _____ Cell Home Work Other: _____

Secondary Phone: (_____) _____ Cell Home Work Other: _____

Additional Phone: (_____) _____ - _____ Cell Home Work Other: _____

Email: _____ DOB: _____

In case of (human) emergency, call: (_____) _____ - _____ Name: _____ Relation: _____

Co-Owner Information

Co-Owner's Name: _____

Preferred Name: _____ Pronouns: _____

Co-Owner's Address: _____
 Same as Owner

City, State: _____ Zip _____

Preferred Phone: (_____) _____ Cell Home Work Other: _____

Secondary Phone: (_____) _____ Cell Home Work Other: _____

Email: _____ DOB: _____

Referral Source

How did you hear about us? (Please circle one.)

Friend/Client: Whom may we thank? _____

Newspaper/Magazine: Which one? _____

Professional Referral: Who? _____

Radio: Which station? _____

Yellow Pages/Phone Book: Which one? _____

TV: Which station? _____

Online: Where? _____

Sign/Location Our website: www.catdr.com

Additional Information

To Help us Help You...

Check here if any owner qualifies for our 5% Senior Citizen Discount (65 years or older)

Check here if any owner qualifies for our 5% Military Discount (current or former)

Check here if any owner is elderly or immune-suppressed.

Number of household pets:
 _____ Cats Other : _____
 _____ Dogs _____

Financial Policy

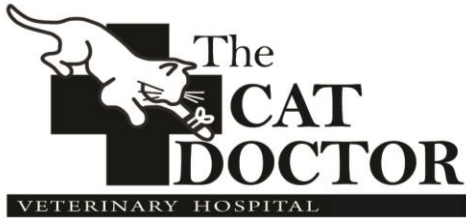
OUR FINANCIAL POLICY

- We expect full payment at the time of service/discharge unless PRIOR arrangements have been made.
- We accept cash, check, Visa, MasterCard, Discover, American Express, Care Credit and debit cards.
- A deposit of 25-50% may be required before extensive services are performed.
- For cats brought in by unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been pre-authorized and arranged with our staff.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.
- Missed appointments are expensive; time and staff have been arranged just for you. If you find you cannot keep your appointment, please let us know as soon as possible.
- I give permission to have my cat's medical records transferred to and from The Cat Doctor Veterinary Hospital as necessary.
- I give permission for The Cat Doctor to share pictures and stories of me and my cat(s) on their website and in social media.

I have read, understand and agree to the above Financial Policy.

Owner/Responsible Party _____ Date: _____

Co-Owner/Responsible Party _____ Date: _____



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PATIENT INFORMATION SHEET

Owner's Name: _____

Cat's Name: _____

Nickname(s): _____

Birth Date or Approximate Age: _____

Gender:

Female Spayed? No Yes Male Neutered? No Yes

Breed:

Domestic Short Hair

Domestic Medium Hair

Domestic Long Hair

Other: _____

Color: _____

Miscellaneous:

How long have you had this cat? _____

Where did you get this cat? _____

Does this cat go outside? Never Supervised only Occasionally A lot

Has this cat been declawed? No Yes

Microchipped? No Yes # _____

Test & Vaccine History: *(If you brought veterinary records with you, you can skip the remainder of this form.)*

Date of last FVRCP (Distemper/Upper respiratory) vaccine: _____

Date of last FeLV (Feline Leukemia) vaccine: _____

Date of last Rabies vaccine: _____

Where were these vaccines done? _____

Tested for Feline Leukemia/FIV? No Yes Results: _____ Date: _____

Abnormalities, previous problems, drug/vaccine reactions: _____
