



New Client/Patient Information

Tell us about you!

Name _____ ID no. (clinic use) _____

Spouse/Co-owner _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Business phone _____

Cell phone _____ Other phone _____

Email Address _____

Would you like to receive reminders and newsletters by email? Yes No

By providing your phone number, you agree to receive text messages from The Cat Doctor.
Message and data rates may apply. Message frequency varies.

How did you hear about us?

Outdoor sign/driving by Door hanger/flyer

Yellow pages ad Internet/web site: _____

Business white pages Clinic brochure – where? _____

Individual referral (see below) Veterinary Practice (see below)

Name of clinic or individual who referred you _____

Other: _____

Please complete the patient information on the other side.

Tell us about your cat(s)!

Cat's Name _____ ID no. (clinic use) _____

Breed _____ Color & Markings _____

Birthday _____ Male / Female Spayed/neutered? Yes No

Indoor Only Outdoor Only Indoor/Outdoor: % time outdoors _____/_____

Diet _____ Medications _____ On Heartgard? _____

Date last vaccinated _____ Microchip ID# _____

Brief history of any previous illness/trauma/surgery _____

Anything else we need to know about your cat? _____

What is the reason for your visit today? _____

Cat's Name _____ ID no. (clinic use) _____

Breed _____ Color & Markings _____

Birthday _____ Male / Female Spayed/neutered? Yes No

Indoor Only Outdoor Only Indoor/Outdoor: % time outdoors _____/_____

Diet _____ Medications _____ On Heartgard? _____

Date last vaccinated _____ Microchip ID# _____

Brief history of any previous illness/trauma/surgery _____

Anything else we need to know about your cat? _____

What is the reason for your visit today? _____

Do you have other pets? Yes No

If so, how many and what species? _____

Welcome to The Cat Doctor!

We are glad you are here and appreciate the opportunity to serve you and your feline friend(s).

At The Cat Doctor we focus on wellness and preventive medicine for the feline members of your family, and work with you to make the best possible decisions for your pets.

Our goal is to be the first place you think of for all your cat's needs. Let us know how we can best serve you.

Policies

For their safety, all cats should be in a carrier or on a leash when they visit the clinic.

Our clinic office hours are Monday – Friday 7:30am to 6pm. There is no staff here after business hours; any emergencies should be taken to the nearest emergency clinic for immediate care.

Payment is required at the time of service. We accept cash, personal checks with driver's license ID, Visa, MasterCard, American Express and Discover.

Let us know if you would like more information about veterinary pet insurance or the CareCredit payment plan which may afford you more choices when treating your pet.

I have read and understood the above policies and will feel free to ask the veterinarian or staff if I have any questions regarding them.

Signature

Date