

The Cat Clinic of Roswell – New Client/Patient Information

Date _____ Client ID _____

Your Name _____ D.L.# _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Spouse/Roommate _____ Work Phone _____

Emergency Contact _____ Phone _____

List any other pets you have _____

What is the name of your previous clinic/vet? _____

Have your records been faxed or emailed to us? _____

How did you hear about us? _____ Sign/Building _____ Good Mews _____

Website _____ Yellow Pages _____ Humane Society (county) _____

Friend/Relative _____ Who? _____

What aspect of your cat's medical care is most important to you?

Quality [] Compassion [] Communication [] Cost []

Cat's Name _____ Breed _____ Sex _____ (n)(s)

Color _____ Distinctive Marks _____ Birthdate _____

Feline Leukemia Test

Yes [] No [] Date _____ Results _____

FIV Test

Yes [] No [] Date _____ Results _____

Does your cat go outside? _____ Balconies or porches? _____

Is your cat declawed? _____ Front only? _____ All Four? _____

Please list any chronic medical problems _____

Is your cat on ANY routine medicine? _____ What? _____

What brands of food do you feed your cat? _____ Dry/canned? _____

Please list approximate dates your cat has had the following:

FVRCP _____ Rabies Vacc (RV) _____ Leukemia Vacc (FeLV) _____

Fecal Exam _____ Dentistry (dental) _____

OUR PAYMENT POLICY

We expect payment in full at the time of service. You may pay in cash, by check or by credit card. We accept Visa, MasterCard, American Express and Discover. Money orders and Traveler's Checks are also acceptable forms of payment.

If you need to spread out your payments over time, we now accept CareCredit, which offers a wide variety of payment arrangements. You may complete an application or go to www.carecredit.com to apply online.

Thank you.

The Cat Clinic of Roswell

I have read and understand the above payment policy.

Signature

Date