

CATCARE



WELCOME

Client Information

Date _____ Name _____
Last Name

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-mail Address _____

Co-Owner's Name _____ Phone _____

Whom may we thank for referring you? _____

Pet Information

1. Pet's Name _____ Sex: Male Neutered
Female Spayed

Birthday/Age _____ Breed _____ Color _____

2. Pet's Name _____ Sex: Male Neutered
Female Spayed

Birthday/Age _____ Breed _____ Color _____

3. Pet's Name _____ Sex: Male Neutered
Female Spayed

Birthday/Age _____ Breed _____ Color _____

We will gladly prepare a written treatment plan for any procedures. Please ask a receptionist, technician, or doctor. **Professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards (not American Express) or you may ask about financing available through **CARE CREDIT!** The signature below authorizes Catcare this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____ Date _____