



WELCOME!

CLIENT INFORMATION

Date _____ Name _____
Last First

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 Female
N/S: Neutered Spayed

Birthday/Age _____ Breed _____ Color _____

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

Birthday/Age _____ Breed _____ Color _____

3. Pet's Name _____ Sex: Male Female
N/S: Neutered 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 or you may ask about financing available through CARE CREDIT (ahead of treatment date)!** 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 _____