

Owner's Information ("Owner "is financially responsible for the pet)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Employer: _____

How did you hear about us? _____

Telephone Numbers (please include area code): Home : (_____) _____ - _____

Cell : (_____) _____ - _____ Email: _____

Preferred Method of Communication for Appointment Reminders/Patient Reminders (please circle one):

E-mail Call Text

Driver's License / I. D. Card #: _____ Exp. date: _____ State Issued: _____

Owner Birthdate (**required by law for controlled substance prescription**): _____

Alternate Contact

Last Name: _____ First Name: _____

Spouse , Partner , Co-owner , Other _____

Home: (_____) _____ - _____ Cell: (_____) _____ - _____

Do we have permission to discuss treatment, laboratory results, diagnosis, and financing with this contact? _____

Patient Info

Patient Name: _____ Breed: _____

Sex: _____ Color: _____ Birthdate: _____ Indoor / Outdoor

How long have you owned your cat? _____ Is your pet spayed/neutered? _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

•In admitting my cat(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of A Cat's View Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. Initial _____

•It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Initial _____

•Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur. Initial _____

•I authorize A Cat's View Veterinary Hospital to use images and videos of my cat for social media and promotional services. ***Email us a picture of your kitty at acatsviewvet@gmail.com for a personal touch to their profile.**

Initial _____

Signature: _____ Date: _____