



## New Client/Patient Information

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### 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

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### 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: \_\_\_\_\_

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**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? \_\_\_\_\_

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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? \_\_\_\_\_

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Do you have other pets? Yes  No

If so, how many and what species? \_\_\_\_\_

# Welcome to The Cat Doctor!

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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.

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Signature

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Date