

New Client Form

Date: _____

Last Name: _____ First Name: _____

Phone Number 1: _____ Type: _____

Phone Number 2: _____ Type: _____

Spouse/Family Member Name & Phone Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Would you like to sign up for text message reminders: yes / no

How did you find out about us? _____



New Patient Form

Pet's Name: _____ Sex: male / female Spayed/Neutered: yes / no Microchipped: yes / no

Breed: _____ Color: _____ Age or DOB: _____ Approximate: yes / no

Lifestyle: Indoor Only / Mostly Indoor / Mostly Outdoor / Outdoor Only

Is your cat up-to-date on their vaccinations? yes / no / unsure

When were last vaccinations given? _____ Where were they given? _____

Tested for FIV/FelV? yes / no / unsure Results: _____

Does your cat have any known medical issues or allergies? _____

Are they currently taking any medications or supplements? _____

Any other information you'd like us to know about your cat (temperament, preferences, etc.)? _____

_____ Social Media Release – I authorize Cat Care Center to take photos and videos of my cat while in their care to be used on social media (including but not limited to their website, Facebook, Instagram, and Twitter), for promotional purposes, and/or for educational purposes. I understand I will not receive any compensation for use of my cat's images. Please initial for approval.

I verify that all information provided above is correct to the best of my knowledge. I acknowledge that Cat Care Center does not bill for services and payment is expected at the time that services are rendered. We accept cash, personal check (with driver's license), and major credit cards.

Signature: _____ Date: _____