

Cat Care of Fayette

Hospital • Grooming • Boarding
Catering to Felines & Furry Exotics

Thank you for choosing Cat Care of Fayette! Please fill out the following so that we may create a medical file for your pet(s):

Owner's Name: _____ Today's Date: _____

Co-Owner Yes No Co-Owner's Name: _____

Does your co-owner have complete authority to make decisions concerning your pet? Yes No

Address: _____ Email _____

City: _____ State: _____ Zip Code: _____ Reminders via email? Yes No

Home Phone: (_____) _____ ~ _____ Cell Phone: (_____) _____ ~ _____

Your Employment: _____ Phone: (_____) _____ ~ _____

Co-Owner's Employment: _____ Phone: (_____) _____ ~ _____

Please provide your driver's license at this time. A copy will be placed in your file for payment purposes.

1.) Pet's Name: _____ <input type="checkbox"/> Male: <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know <input type="checkbox"/> Female: <input type="checkbox"/> Spayed <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know Birth Date: _____ Breed: <input type="checkbox"/> Domestic Shorthair <input type="checkbox"/> Domestic Mediumhair <input type="checkbox"/> Domestic Longhair <input type="checkbox"/> Purebred: _____ <input type="checkbox"/> Other: _____ Color(s): _____ <input type="checkbox"/> Strictly Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Strictly Outdoor Previous Vet: _____ Phone Number: (_____) _____ ~ _____ Vaccines: <input type="checkbox"/> Current <input type="checkbox"/> Update Today <input type="checkbox"/> Do Not Know How long have you owned your pet? _____ How did you acquire your pet? <input type="checkbox"/> Stray <input type="checkbox"/> Purchased <input type="checkbox"/> Other: _____	2.) Pet's Name: _____ <input type="checkbox"/> Male: <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know <input type="checkbox"/> Female: <input type="checkbox"/> Spayed <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know Birth Date: _____ Breed: <input type="checkbox"/> Domestic Shorthair <input type="checkbox"/> Domestic Mediumhair <input type="checkbox"/> Domestic Longhair <input type="checkbox"/> Purebred: _____ <input type="checkbox"/> Other: _____ Color(s): _____ <input type="checkbox"/> Strictly Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Strictly Outdoor Previous Vet: _____ Phone Number: (_____) _____ ~ _____ Vaccines: <input type="checkbox"/> Current <input type="checkbox"/> Update Today <input type="checkbox"/> Do Not Know How long have you owned your pet? _____ How did you acquire your pet? <input type="checkbox"/> Stray <input type="checkbox"/> Purchased <input type="checkbox"/> Other: _____
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How did you learn about us? Drove by/Saw sign Newspaper Yellow pages Magazine
 Internet Veterinarian Referral Friend/Other: _____

Does your pet have insurance? Yes No I would like more information
If so, do you need a claim form? Yes No

Payment Policy: Payment is expected at the time of service. We accept Cash, Debit Cards, Visa, Master-Card, Discover and American Express. Although no one likes financial surprises, it is sometimes impossible to give an accurate estimate before services are rendered. However, we will make every effort to keep you informed of your account balance.

I understand that by my signing below I am accepting responsibility for all debts incurred.

Signature of Owner/Agent: _____ Date: _____