

St. Louis Cat Clinic, Inc.
Client/Patient Registration



Welcome! Thank you for giving us the opportunity to care for your pet.
Dr. Joan Freesh DVM Dr. Alison Kinnunen DVM Dr. Holly Bellrichard, DVM

PLEASE COMPLETE ALL INFORMATION

Owner's Name: (Mr./Ms./Mrs./Miss) _____

Address: _____ City: _____ State: _____ ZIP _____

Telephone: Cell _____ Home _____ Work _____

Occupation: _____ Employer: _____ Driver's License # _____

Email Address (for email reminders): _____

Secondary Owner: _____

Telephone: Home _____ Cell _____ Work _____

Occupation: _____ Employer: _____ Driver's License # _____

Pet's Name: _____ Gender: _____ Spayed/Neutered? Yes No

Birthday / Approximate Age: _____ Breed: _____ Color: _____ Microchip? Yes No

VACCINATION & MEDICAL HISTORY: Please give dates of most recent services. If you do not know what vaccinations have been given or date, please leave blank and have records faxed from your previous veterinarian.

Distemper _____ Rabies _____ Feline Leukemia _____ FIV _____

Current Diet: _____ Current Medications: _____

Previous major medical/surgical problems & dates: _____

In order to serve you better, please circle the letter that best describes your situation:

- | | |
|---|--|
| 1. A) My pet is a member of my family. | 3. A) I desire detailed explanations from the doctor |
| B) I feel my pet is just a pet. | B) I need only a summary of the problems & treatments. |
| C) I want a healthy pet, but I don't need explanations. | |
| 2. A) I want the very best medical care for my pet. | 4. A) My pet stays indoors only. |
| B) I want good care but concerned about cost. | B) My pet spends time both indoors and outdoors |
| C) I want only the services I request | C) My pet stays outdoors only. |

If you have used a veterinary clinic before and were not satisfied, please provide a brief description so we can work to avoid the same problems: _____

Reason For Today's Visit _____

MAY WE HAVE PERMISSION TO USE PHOTOS OF YOU AND/OR YOUR CAT ON SOCIAL MEDIA?

I hereby give St. Louis Cat Clinic, Inc. permission to take photographs of me and my pet for the purpose of posting on St. Louis Cat Clinic, Inc. Facebook, Twitter & Clinic Website.

I hereby release and discharge St. Louis Cat Clinic, Inc. from any and all claims arising out of use of the photos.

I am above the age of 18. I have read the foregoing statement and fully understand its contents.

Signature: _____ **Date:** _____

PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES

FOR YOUR CONVENIENCE, WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AND CARE CREDIT

I agree to pay any additional charges related to the cost of collection (including, but not limited to, collection agency fees, reasonable attorney fees, and court costs) in the event I would fail to pay my bill.

Owner/Owner's Agent Signature: _____ **Date:** _____