



Welcome! Thank you for giving us the opportunity to care for your pet.

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.

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 cat is a member of my family | 2. A) I desire detailed explanations | 3. A) My cat stays indoors only |
| B) I feel my cat is just a pet | B) I need only a summary of the problems & treatments | B) My cat stays outdoors only |
| | | C) My cat is outdoors and indoors |

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 _____

How did you hear about our clinic? Drove by/Saw sign ___ Clinic Website ___ Web Search (ex. Google, Bing) ___
Yellow Pages ___ Facebook ___ Other ___ Word of Mouth (whom may we thank) _____

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:** _____