



Thank you for allowing us to help you care for your kitty! We want to make this as speedy and quick of a visit for your kitty as possible so they can get back home and back to their normal activities. In order to help us accomplish this for your kitty, please read over and answer the following questions. Please write on form and email back to us at customerservice@stlouiscatclinic.com OR print it out, fill in the answers and bring it with you to your appointment.

Name: {NAME} {LASTNAME}

Date:

FOOD (please fill in the blanks)

Food brand:

Amount:

Dry or canned or both:

Treats or other supplements:

WATER INTAKE (please circle the most appropriate answer in each area)

- A) Less than normal
- B) Normal
- C) More than normal

LITTERBOX (please circle the most appropriate answer in each area)

- | | | |
|---------------------|---------------------|---------------------|
| Bowel movements are | Bowel movements are | Urination is |
| A) Too soft | A) Less frequent | A) Less than normal |
| B) Normal | B) Normal | B) Normal |
| C) Too hard | C) More frequent | C) More than normal |

If you have observed A or C to any of the above, please elaborate here:

Have you observed any other issues with urine/bowel movements? No Yes
If yes please elaborate here:

Environment (please circle one of the following):

- A) My cat is strictly indoors
- B) My cat has occasional supervised outdoor access such as on a leash or on a screened in porch
- C) My cat is indoor/outdoor
- D) My cat is strictly outdoors

BEHAVIORS (please circle the most appropriate answer in each area)

- | | |
|------------------------------|---------------------|
| Vomiting Noticed: | Energy/attitude: |
| A) less than once a month | A) Increased energy |
| B) between 1-4 times a month | B) Normal energy |
| C) more than 4 times a month | C) Decreased energy |

DECLAWED: Yes or No? If yes, front paws or all four?

MOBILITY (Please rate your cat's ability to complete the following activities. 1 being the least able/proficient to 5 being the most able/proficient.)

Jumping Up: 1 2 3 4 5

Jumping Down: 1 2 3 4 5

Climbing up Stairs: 1 2 3 4 5

Climbing down Stairs: 1 2 3 4 5

Running: 1 2 3 4 5

Please use the space below to note any stretches, hesitations, or other activities that you observe during the above activities.

MEDICATIONS (please use the space below to fill in any medications you give, please list name, concentration if known, and approximate times of day you give)

GENERALIZED HEALTH CONCERNS (Please use the space below to tell us your health concerns you would like addressed at the visit)

PRODUCT PICK-UP and SERVICES

Are there any things you would like to pick up while you are here today? I.e food, medications, fluid supplies, etc.

Are there any additional services you would like while your kitty is here today? Please circle if desired

- A) Nail trim
- B) Sanitary shave
- C) Shave/clip mats
- D) Anal gland expression
- E) Parasite prevention (revolution)

Thank you for helping us to make this a quick and happy visit for your feline friend!

We require 24 hours notice for cancellations. That way we have that time available to help another sick kitty. Please call to cancel. 314-832-2287.

Please continue to next page to finish filling out the form. Thank you.

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



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

PLEASE COMPLETE ALL INFORMATION

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

Preferred Pronouns: _____

Address: _____ City: _____ State: _____ ZIP _____

Telephone: Cell _____ Home _____ Work _____

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

Email Address (for email reminders): _____

Secondary Owner: _____ Preferred Pronouns: _____

Telephone: Home _____ Cell _____ Work _____

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

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

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

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 is indoors only |
| B) I feel my cat is just a pet | B) I need only a summary of the problems & treatments | B) My cat is outdoors only |
| | | C) My cat is indoors & outdoors |

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 and/or 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, Credit Card, 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.

Signature: _____ **Date:** _____