



Welcome!



We are pleased to welcome you and your cat(s) to A Cat Hospital.
 Please take a few moments to fill in these forms as completely as you can.
 If you have any questions we will be glad to help you.
 Thank You!

Registration

Parent _____ Spouse/Co-Parent _____
 Cell Phone (_____) _____ Cell Phone (_____) _____
 Home Phone (_____) _____
 E-mail _____ E-mail _____
 Address _____ Apt/Suite # _____
 City _____ State _____ Zip _____

Work Information

<i>Parent</i>	<i>Spouse/Co-Parent</i>
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone (_____) _____	Work Phone (_____) _____

Do you have pet insurance? YES, I insure my pets through Healthy Paws Trupanion Pets Best VPI
 OTHER: _____
 NO, I don't have my pets insured. *Ask how pet insurance can save you money.

Whom may we thank for referring you to us? _____

Number of Pets in Household: Cats _____ Dogs _____ Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my cat(s). I assume responsibility for all charges incurred in the care of my cat(s). I also understand that all fees are due at the time services are rendered and a deposit may be required for surgical treatment. There will be a service charge for any check returned unpaid. To prevent the spread of infectious disease, we require all boarded and hospitalized pets be current on all vaccines.

Signature of Parent _____ Date _____

