



OWNER INFORMATION

Owner _____
Last First Middle Initial

Spouse / Other _____
Last First Middle Initial

Address _____
Street Apt#

_____ City State Zip

Primary Phone _____ Other Phone _____

Email Address _____ Employer _____

Work Phone _____ (please check one of the boxes below)

- Cat Care Clinic can call my work number for general correspondence regarding my cat(s).
 Cat Care Clinic should only call my work number in the event of a medical emergency.

How did you learn about Cat Care Clinic? (please check the applicable box)

- Internet Search
 Cat Care Clinic Sign / Driving By
 Daytona Tortugas / Jackie Robinson Ballpark
 Referred by a Client of the Hospital (if so, who?) _____
 Referred by another Veterinarian (if so, who?) _____
 Local Event (if so, which event?) _____
 Other (please specify) _____

In the event that Cat Care Clinic is contacted by another veterinary medical facility for my cat's records or vaccination history, I authorize the release of those records.
(please circle one) YES / NO Owner's Initials _____

I, the undersigned owner or authorized agent of the cat identified herein, hereby consent to the examination and treatment of the indicated cat(s) and I assume responsibility for all charges. I understand that I have the right and duty to discuss any charges prior to treatment. I also understand that if payment is not made as agreed, my account will be turned over to a debt collection agency and all legal and collection expenses will be added to my total bill.

Signature

Date

Full Payment is due upon release of patient.

A deposit may be required for admitted patients.
We accept all major credit cards as well as Care Credit.
Sorry, but we cannot accept checks on your first visit.

***** (complete patient information on the 2nd page) *****

PATIENT INFORMATION

	Cat 1	Cat 2	Cat 3	Cat 4
Name:				
Age or DOB:				
Breed:				
Color:				
Gender:				
Spayed / Neutered?				
Brand of Food?				
Indoor/Out/ Both				
Type of Heartworm Prevention?				
Type of Flea Prevention?				
Previous Vet:				
May we contact them for records?				
Any allergies or conditions we should know about?				
Current medications:				

Please visit our web site: www.ormondcatclinic.com Or LIKE us on  facebook!

