

Veterinarians To Cats

Patient and Client Information

Thank you for giving us the opportunity to care for your cat. So that we may become better acquainted, please complete the following:

Owner _____ Spouse/Other _____
Last First MI Last First MI

Owner's social security # _____ Spouse/Other social security # _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ / _____ Work Phone _____ / _____
Owner Other Owner Other

Place of Employment _____ Address _____

Spouse/Other Place of Employment _____ Address _____

IN CASE OF EMERGENCY, please call _____ at phone number _____

Name of person responsible for payment on this account _____

Please Print

I agree to be responsible for all costs related to any collection of my account including attorney's fees in the amount of thirty-three and one-third percent (33.3%) of the outstanding balance at the time a collection attorney contacts me, which I hereby agree is reasonable. I further agree to pay interest at the rate of one and one-half percent (1.5%) or \$4.00 per month (whichever is greater) on any amount due Veterinarians To Cats, Ltd., which remains unpaid thirty (30) days after its due date.

Signature of responsible party _____ Date _____

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. FOR YOUR CONVENIENCE WE ACCEPT: CASH CHECKS VISA MASTERCARD DISCOVER

How did you become aware of our hospital? ___ Yellow Pages ___ Hospital Sign ___ Other
 ___ Personal Recommendation... Who may we thank? _____

NAME _____ BREED _____ COLOR _____
 DATE OF BIRTH _____ MALE _____ FEMALE _____ SPAYED/NEUTERED ___ yes ___ no
 Is this cat allowed? ___ indoors and/or ___ outdoors

NAME _____ BREED _____ COLOR _____
 DATE OF BIRTH _____ MALE _____ FEMALE _____ SPAYED/NEUTERED ___ yes ___ no
 Is this cat allowed? ___ indoors and/or ___ outdoors

ASK FOR SECOND PAGE TO CONTINUE LISTING THE REST OF YOUR CATS!

Date of first visit _____ Records updated _____ Hospital Record Number _____