

Note: All personal information is held securely in accordance with the appropriate legislation, is confidential and treated appropriately.



Client Information

Owner's Name (First Last): _____ Date of Birth _____

Mobile Phone Number: _____ Home: _____ Email: _____

Co-owner's Name (First Last): _____ Date of Birth _____

Mobile Phone Number: _____ Email: _____

Address: _____ Apt./Unit# _____

City: _____ State: _____ Zip: _____

Referred by: Client name: _____ Other: _____

Occupation _____

Employer Name _____ Work Number: _____

Preferred Contact Mode/s:
email
mobile
home
text

Emergency Contact (if owner/co-owner cannot be reached)

Name (First Last): _____ Relationship: _____

Mobile Number: _____ Home Number: _____

Cat's Name	Age/DOB	Color	Sex (M/F)	Neutered (Y/N)

I, the undersigned, owner or authorized agent of the above patient(s), hereby consent and authorize the admitting veterinarian of The Cat Clinic to care for, treat and/or anesthetize as is deemed advisable in the performance of surgical or therapeutic procedures deemed to be indicated on the above named patient(s). I further understand that no guarantee of successful is made.

I assume financial responsibility for all charges incurred to the patient, and agree to pay all charges at the time of release of the patient. Any animal not picked up within the time required by section 1843 of the California Civil code shall be deemed abandoned and handled according to section 1843.5 and 1843.6 of the California Civil code.

I understand that this section will not, however, relieve me from paying all charges rendered and all legal and/or court costs incurred in connection with collection services. By signing below, you give The Cat Clinic permission to send your pet's medical records to providers as requested in transfer or emergency situations.

Signature of Owner or Agent: _____ Date: _____

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time that services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we gladly accept most major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any returned checks. Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Release of Information for Media or Website Publication

Client's Name _____ Pet's Name _____

After an explanation of its intended use, I authorize the staff at this veterinary practice to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs videotape images or other images to use with the following media entity(ies):

- Instagram
- Cat Clinic Website (www.catclinicvet.net)
- Cat Clinic Blog
- Facebook
- Twitter
- You Tube

I understand that this information may be used on a television or radio program, in the print media, on a brochure or on the website of this veterinary practice for public education purposes and agree to its use in that manner. I, the undersigned, am interested in educating the public about my pet's condition and medical care and authorize this veterinary practice or institution's faculty, clinicians, employees, students, and/or agents to use such materials for this purpose. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

Signature of Owner or Authorized Agent

Date