

W.C.  
Sent \_\_\_\_\_

## WELCOME TO KENTWOOD CAT CLINIC AND CAT CLINIC NORTH!

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs better by taking a moment to share some important information we will need as we support your cat's needs today and in the future. Please complete all sections.

Owner's Name:	*Owner's DOB: __/__/____
Address:	City:
Apt #:                      State:                      Zip:	Cell phone:
Preferred method of contact:	Home:
Employer/occupation:	Work phone:
*Driver's license number:	Email:
Spouse/partner's name:	Spouse/partner's phone:
Emergency contact:	Phone:

\*We will need your date of birth and driver's license number if any controlled medications are prescribed for your cat.

May we post your cat's photo on our website &/or other social media sites? (cat's 1st name only)  Yes  No

Do you authorize the release of medical records for any and all pets upon request? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(this may include grooming facilities, emergency or referral facilities, and other veterinary facilities)  
\*this authorization will remain in effect until a written request to terminate is received.

### HOW DID YOU HEAR ABOUT US?

- Internet Search                       Cat Clinics Website
- Facebook                               Personal referral (please provide their full name so we can thank them with a voucher!):  
\_\_\_\_\_
- Sign/drive-by                         Doctor referral (please provide their name & referring clinic):  
\_\_\_\_\_
- Other (please elaborate): \_\_\_\_\_

We will gladly prepare a written estimate if you desire. This is important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We take cash, checks, MasterCard, Visa, Discover, American Express, Care Credit and Scratch Pay. There will be a \$35.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

**Signature of responsible agent for pet (s):**

**Date:**