



Welcome to the Cat Doctor of Dover

New client and pet information

CLIENT INFORMATION:

Date _____

Owner Name: _____ Phone#: _____

Preferred Pronouns: _____ Preferred Prefix: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Please list any other Co-owners, Spouses, or Partners that we may discuss the cat's medical information with:

(Only list names of anyone that is 18+ years of age, can make medical and financial decisions, and that should be listed on the cat's medical record)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

PET INFORMATION:

Name: _____ Date of Birth/Age: _____

Breed: _____ Color/markings: _____

Sex: _____ Spayed or Neutered: _____ Microchip#: _____

Our cat lives: Indoors only Outdoors only Indoors & Outdoors

Signature _____

OPTIONAL PHOTO RELEASE

By signing below, you will agree to allow The Cat Doctor of Dover to take your cat's photo or video. This also means your cat's photographic image and/or video may appear on The Cat Doctor of Dover website, social media and/or print marketing.

Please be aware that your and your cat's personal information such as names, address, or any other personal info will not be affiliated or released with your photos or videos that are being used. All information will be kept confidential. If you do not want The Cat Doctor of Dover to be allowed to take your cat's photo, please do not sign below.

Signature _____