



Welcome to the Cat Doctor of Dover

New client and pet information

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

CLIENT INFORMATION

Date _____

Name _____ Spouse/Partner _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Cell phone _____

Place of Employment _____ Best time to reach you _____

E-mail Address _____

How did you become aware of our clinic?

1. Drove By 2. Chamber of Commerce 3. Search Engine _____ 4. Previous Client

5. Personal Recommendation (Whom may we thank?) _____

PET INFORMATION

Name _____ Date of Birth/Age _____

Breed _____ Color _____

Sex _____ Spayed or Neutered _____

Previous Veterinarian where we may get records on your pet _____

Any previous serious illnesses or surgeries _____

What medications is your cat currently taking? _____

What brand of food does your cat eat? _____ dry or canned? _____

Our cat is a: (circle one) Member of our family Child's Pet Backyard Pet

Our cat lives: (circle one) Indoors only Outdoors only Indoors & Outdoors

PAYMENT IN FULL IS REQUIRED AT THE TIME SERVICES ARE RENDERED

Checks returned for "Not Sufficient Funds" will have a \$26.00 fee added to your account. I agree to pay any and all costs incurred by the Cat Doctor if my account is ever referred to an attorney or collection agency for collection. I have read the above terms and understand them. I agree to comply with these terms.

Signature _____ Driver's License # _____