

The
Cat Doctor
of Dover



Welcome to the Cat Doctor of Dover

Your Cat, Our Commitment

New Client & Pet Information

Please fill out as much as possible. Then save and email your form to info@catdoctordover.com

CLIENT INFORMATION

Your name

Spouse/Partner/Alternative Contact Name

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Place of Employment

Best time to reach you

How did you become aware of our clinic?

Drove by

Chamber of Commerce

Returning client

Web Search _____

Recommended by _____

Which search engine?

Whom may we thank?

PET INFORMATION

Name

Date of Birth/Age

Breed

Color

Sex

Spayed/Neutered

Previous Veterinarian where we may get records

City

State

Any previous serious illnesses or surgeries

Current Medications

Cat food brand

Dry or Canned?

Our cat is a (check one):

Member of the family

Child's pet

Back yard pet

Our cat lives (check one):

Indoors only

Outdoors Only

Both

PAYMENT TERMS: PAYMENT IN FULL IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

We offer several payment options. Checks returned from the bank shall result in a \$26.00 fee added to your account. Customers shall be responsible for any costs associated with their account being referred to an attorney or collection agency for collection. Your signature below indicates that you have read, understood, and will abide by these terms.

Signature

Date

Driver's License #

*Please save this form with your replies, then send it as an email attachment to info@catdoctordover.com
You may also fax the completed form to 603-742-1771.*