

*CatTails Feline Health Center*  
*Client Information*

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

(Check Primary Contact)  Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer/Position: \_\_\_\_\_

Spouse/Partner First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Spouse Cell Phone: \_\_\_\_\_ Spouse Employer/Position: \_\_\_\_\_

Emergency Contact: (\*\*Please list someone other than your spouse/partner)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Your Cats: please list all

Cat's Name	Male or Female	Date of Birth
1.		
2.		
3.		
4.		
5.		

Please list any other species of pets: (e.g. 4 dogs, 1 turtle)

How do you prefer to be contacted? (e.g. reminders, lab results, etc) \*We will call to confirm appointments, and may occasionally need to contact via phone.

Phone  Mail  Email (we will not share your information with anyone else)

We occasionally like to share patient stories on our CatTails Facebook with our friends and clients. If applicable, may we share your cat(s) story on Facebook? Names will be left out.

Yes, please do!  No, thank you.

How did you find us? (If referred, whom may we thank)? \_\_\_\_\_

Pet Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please read the "Financial and Appointment Policies" Handout we have given you, and sign and date below.

"By signing this, I acknowledge and agree to the provisions listed in the financial and appointment policies handout."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Cattails Feline Health Center*  
*Patient Information*

Date \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Birthdate (approx) \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  Male  Female

Spayed or Neutered?  No  Yes Date: \_\_\_\_\_

Used for Breeding?  No  Yes Any litters you know of? If yes how many?  No  Yes # \_\_\_\_\_

Spends Time:  Indoors Only  Outdoors Only  Both

Diet:  Dry (List Brand) \_\_\_\_\_  Canned (List Brand) \_\_\_\_\_

Circle one if applicable: Declawed? OR Tendonectomy? If yes:  Front  Back Date: \_\_\_\_\_

Microchip?  No  Yes Number \_\_\_\_\_

Leukemia (FeLV)  Not Tested  Positive  Negative Date Tested: \_\_\_\_\_

FIV (AIDS)  Not Tested  Positive  Negative Date Tested: \_\_\_\_\_

Last Vaccination Dates FVRCP: \_\_\_\_\_ FeLV: \_\_\_\_\_ Rabies: \_\_\_\_\_ Other: \_\_\_\_\_

Last Dental Cleaning Date: \_\_\_\_\_

City/State of Birth (if known): \_\_\_\_\_

Where & when did you get him/her? (e.g. shelter, state, date): \_\_\_\_\_

Travel out of Colorado? Where? \_\_\_\_\_

Any plans to board, show, or take cat to groomer?  No  Yes \_\_\_\_\_

Does your cat urinate or defecate outside the litterbox?  Never  Rarely  Frequently  Always

Current abnormalities, previous problems, drug or vaccine reactions/allergies: \_\_\_\_\_

Current medications? Please list drug, dose and frequency if known: \_\_\_\_\_

May we contact your previous veterinarians for medical records?  No  Yes (please list hospitals, phone numbers, and reason for changing veterinarian): \_\_\_\_\_

Describe your cat's personality and relationship(s) with other people or pets: \_\_\_\_\_



## Financial & Appointment Policies

*Thank you for choosing us as your veterinary health care provider. After you have read the following, please sign the bottom of the "Client Information" form.*

### **Cancellation and "No Show" Policy**

We respect the importance of your time, and we work very hard to schedule appointments that accommodate the busy scheduling needs of all our Clients. In return, we ask that Clients make every effort not to change their reserved Veterinary appointments. Late or missed appointments create a problem for other clients and patients in need of our services. If you need to reschedule or cancel the appointment, please call us at least **24 hours before your appointment**. If you fail to keep an appointment and have not called to cancel, the appointment will be considered a "No Show." **There will be a \$25 charge to your account for all "No Show" appointments.**

### **Financial Policy**

We are committed to your cat's treatment being successful and as cost effective for you as possible. **Full payment is due at the time of services.** We accept cash, checks, Care Credit, and most major credit cards. A deposit of 50% of estimated charges may be required before extensive services are rendered.