

Cat Care Clinic of Ormond Beach

OWNER INFORMATION

Owner _____ Spouse/Other _____

Last
First
Mi
Last
First

Address _____

Street
Apt#
City
State
Zip

Primary Phone _____ Other Phone _____

Email Address _____ Employer _____

Work Phone _____ May we call you there (____), Emergency only (____)

How did you first find out about Cat Care Clinic: _____

**All fees are due upon release of patient. A deposit may be required for admitted patients.
 We accept all major credit cards as well as Care Credit.
 Sorry, but we cannot accept checks on your first visit**

PATIENT INFORMATION

	Cat 1	Cat 2	Cat 3	Cat 4
Name				
Age or DOB				
Breed				
Color				
Sex				
Spayed / Neutered?				
Brand of Food?				
Indoor/Out/ Both				
Type Heartworm Preventative				
Type of Flea Prevention				
Previous Vet:				
May we contact them for records				
Any allergies or conditions we should know about				
Current medications				

In the event that Cat Care Clinic is contacted by another veterinary medical facility for my cat's records or vaccination history, I authorize the release of those records. Initial here _____ if you consent to this.

I, the undersigned owner or authorized agent of the pet identified herein, hereby consent to the examination and treatment of the indicated pet and I assume responsibility for all charges. I understand that I have the right and duty to discuss any such charges prior to treatment: I also understand that if payment is not made as agreed, my account will be turned over to a debt collection agency and all legal collection expenses will be added to my total bill.

Please visit our web site: www.ormondcatclinic.com

Or LIKE us on **facebook!**

Signature

Date