



# ELITE CAT CARE

WESTSIDE

## NEW CLIENT FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you hear about us?  Website  Google  Saw Sign  Yelp  Patch.com  Other \_\_\_\_\_

Referral: Who may we thank? \_\_\_\_\_

### PET INFORMATION

*Please complete this section of the registration for each cat visiting us today.*

Pet(s) Name: \_\_\_\_\_

Birthday or Approximate Age: \_\_\_\_\_

Gender:  Male  Female

Spayed/Neutered:  Yes  No

Breed: Domestic      Purebred

Shorthair

Siamese

Mediumhair

Persian

Longhair

Other: (please specify below)  
\_\_\_\_\_

Coat Color: \_\_\_\_\_

Life Style:  Indoor only

Indoor/Outdoor

Outdoor only

Microchip?  Yes  No

Has your cat had any drug or vaccine reactions? \_\_\_\_\_

Do you have concerns about your cat's behavior? \_\_\_\_\_

Who should we contact for your cat's vaccine and medical records? \_\_\_\_\_

### CONTACT INFORMATION FOR: Spouse, Significant Other, Family or Friend

Contact Name: \_\_\_\_\_

Home Phone Number: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please take a moment to read our financial policy.

- Please let us know as soon as possible if you will be unable to make your appointment, or if you are running late.
- Full payment must be made when services are provided and your cat is released from THE Westside Cat Practice. We accept several forms of payment including: cash, checks, VISA, MasterCard, American Express, Discover, and Care Credit.
- A deposit of 50% is required prior to hospitalization.
- Payment arrangements must be made in advance when cats are picked up by someone other than a guardian.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_