

WELCOME TO THE CAT HOSPITAL OF ORLANDO

Revised 10-1-18 rm

OWNER INFORMATION:

Name: _____
LAST FIRST M.I.

Address: _____
STREET APT.

_____ CITY STATE ZIP

Primary Phone # _____ Secondary Phone # _____

Employer: _____ Work Phone # _____

Email Address: _____

Please list the names of any other individuals you authorize as a contact regarding your cat. If none are listed, you will be the only person we will contact, release information or discharge your cat to.

_____ NAME(S) PHONE

Were you referred to us? Yes No If yes, by whom? _____
 Did you find us by: Internet search, Driving by, Other means? _____

YOUR CAT'S INFORMATION

	CAT #1 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH <input type="checkbox"/>	CAT #2 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH <input type="checkbox"/>	CAT #3 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH <input type="checkbox"/>
CAT'S NAME			
BREED & COLOR			
AGE OR DATE OF BIRTH			
SPAYED OR NEUTERED	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
DATE OF LAST VACCINATIONS			
CLINIC NAME			
CLINIC PHONE NUMBER			
SPECIAL DIETS AND MEDICATIONS			
PREVIOUS ILLNESS/ SURGERY			

Has your pet previously been Feline Leukemia and FIV tested _____

FINANCIAL POLICY

It is our policy that payment is due at the time services are rendered. **Per The Federal Trade Commission, and under the Fair and Accurate Credit Transaction Act of 2003, we are not permitted to extend credit to clients or to charge on account.** Please initial here that you are aware of this policy. _____ If you are not the owner, and are an agent authorized by the owner, do you accept responsibility for payment in full? (circle) YES NO

Signature _____ Date: _____

**We gladly accept: Cash, MasterCard, Visa, Discover, Amex and Care Credit.
 We will only accept checks from established clients.**