

## Patient Registration

Thank you for giving Just Cats the opportunity to care for your cat.

Owner's Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Preferred Method of Contact Postal Mail  E-Mail

First Cat's Name \_\_\_\_\_ Male  Female  Spayed/Neutered

Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Second Cat's Name \_\_\_\_\_ Male  Female  Spayed/Neutered

Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Previous Veterinary Clinic \_\_\_\_\_ May we request a copy of your cat's health record? Yes  No

How did you learn about Just Cats?

Friend  Web  Phone Book  Hospital Sign  Newspaper  Other

If you answered "Other" above, please explain \_\_\_\_\_

If you were referred to us by a friend, please let us know their name so we can thank them \_\_\_\_\_

Please let us know what brand(s) of food your cat is eating \_\_\_\_\_

*(We find that many clients like the convenience of buying their cat food at The Just Cats Store. We ask this question as we're always looking to expand the variety of brands we carry.)*

All fees are due when your cat is released. At your request, we will be happy to provide you with a Treatment Plan that outlines estimated costs for any hospital treatment, emergency care, surgery or outpatient care. A deposit may be required depending on the amount of the estimate. Just Cats accepts VISA, MasterCard, Discover, American Express, cash, personal checks (with proper ID) and Care Credit.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_