



NEW CLIENT

Welcome to our Cat Friendly Practice! Please take a moment and provide us the following information which we can use to create your file.

Name of client(s) or responsible parties

Home Address

_____, WA _____
City Postal code

Phone Numbers

Home

Work

Spouse/Partner

Emergency Contact Person

Emergency Phone Number

E-mail address (We use E-mail to communicate with our clients and send reminders)



Please list your cat's names above. For each cat we will need a new patient form completed.

If your cats have received care from another veterinary facility, please let us know so we may retrieve records for our complete file.

FINANCIAL RIGHTS & RESPONSIBILITIES

- You have a right to an estimate on the cost of all services prior to being held responsible for payment of said services.
- You are responsible for full payment at the time of service.
- We accept cash, checks, Visa, MC, American Express, Discover and Care Credit.
- For surgeries, hospitalized cases, and boarding, a deposit of 50% of estimated charges is required at the time of leaving your cat in our care.

I have read and agree to the above stated financial rights & responsibilities:

Client

Date