

WELCOME TO THE SCRATCHING POST CAT HOSPITAL !



Thank you for choosing The Scratching Post for your cat(s)' health care needs. So that we may better serve you, please complete the following information. All information will be kept strictly confidential.

Client Information :

Name (Mr., Mrs., Ms., Dr.) _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

Email _____ Occupation _____

Name of contact (& relationship) in case of emergency _____

Phone for emergency contact _____

How did you learn about our practice? Referral Drove by Internet Search Veterinarians.com FaceBook
 Meowza Angie's List Other _____

If referral, whom may we thank? _____

Reason for leaving previous veterinarian _____

Cat's Name	DOB	Sex	Neutered Spayed?	Breed (ie. DSH)	Color	Has cat been tested for Leukemia ?	Does this cat stay strictly Indoors ?	Is this cat Declawed?
			Yes / No			Yes / No / Not Sure	In / Out / Both	No / Front / Back
			Yes / No			Yes / No / Not Sure	In / Out / Both	No / Front / Back
			Yes / No			Yes / No / Not Sure	In / Out / Both	No / Front / Back
			Yes / No			Yes / No / Not Sure	In / Out / Both	No / Front / Back
			Yes / No			Yes / No / Not Sure	In / Out / Both	No / Front / Back

Previous veterinarian(s) and approximate date of last visit _____

List your cat(s)' current medication _____

What does your cat eat (brand, wet/dry) ? _____

Please check **one** of the following: We understand and respect **all** of these viewpoints.

- I want the BEST medical care for my cat(s). Please recommend and perform everything that needs to be done.
- I want great care for my cat(s), but there is a limit to what I am able to have done; please give me an estimate before proceeding.
- I want you to perform ONLY the services I request.

Authorization & Hospital Policies

*In the interest of all cats in the hospital, all cats that need to stay in the hospital for any reason and length of time will be tested for Feline Leukemia unless proof is shown that the test had already been done; flea medication will also be dispensed if these cats have fleas.
 To keep the cost of professional services to a minimum, all fees must be paid in full at the time of service. A 50% deposit of the estimate is required if your cat must be hospitalized for any treatment or lab test. We accept Visa, MasterCard and Discover. We apologize that we do not have the resources to offer credit or billing. Returned check fees, legal fees and the maximum interest allowable by law will be assessed wherever appropriate.*

I have read and understand the above

Signature _____ Date _____