



Welcome to "All About Cats"!



Please take a moment to fill in these forms. If you have any questions, we'll be glad to help. Thank you!

Owner's Name: _____ (must be over 18 years old)

Home Address: _____ unit # _____

City: _____ State: _____ Zip: _____ E-mail address: _____

Can we E-MAIL vaccine reminders to you? **Y / N** Can we MAIL reminders to your above address? **Y / N**

Please indicate if you have a different mailing address: _____

Your Employer: _____ Occupation: _____

******Please check the box below of the phone number(s) which are best to use during the day:

Home phone: _____ Work #: _____ Cell #: _____

If you are NOT the owner, but are authorized by the owner to bring the cat in:

Your Name: _____ **Your Phone #:** _____

Co-owner/Spouse: _____ Co-owner wk phone: _____

Co-owner Email: _____ Co-owner cell: _____

Co-owner Employer: _____ Occupation: _____

Emergency Contact if you & your co-owner can't be reached: _____

(Name)

(Phone number)

How did you hear about us? Drive by Yellow Pages Internet

Recommended Who can we thank? _____ Other _____

AUTHORIZATION

1. Please check one:

I AM the owner of the cat(s) and I authorize the veterinarian to examine, prescribe for, or treat my cat(s), and I assume responsibility for all charges.

I am NOT the owner of the cat(s) but I have been authorized by the owner to deliver the cat for treatment and understand that services will not be performed until written authorization is received from the owner and the owner agrees to pay for all charges.

I am NOT the owner of the cat(s). The owner has given me authorization to deliver this cat for service and allows me to make treatment decisions for this cat. I agree to pay for all services.

2. To prevent the spread of disease, all boarded cats need to be current on vaccines and the annual examination.

3. A deposit is required to begin treatment and payment is expected when services are performed.

4. We accept CASH, DEBIT, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS and CARE CREDIT.

5. We only accept personal checks with a valid driver's license, and require an approval by Telecheck.

Your Signature _____ Date _____