

Metro Cat Clinic

New Client/ Cat Registration

Thank you for giving us the opportunity to care for your cat. We'll be happy to answer any questions you have about your cat's health.

****Due to the many cases of identity theft, we do require a valid driver's license or other photo ID for verification purposes.***

REGISTRATION

TODAY'S DATE _____

OWNERS NAME _____ SPOUSE/OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____ SPOUSE/OTHER _____

E-MAIL _____

IN CASE OF **EMERGENCY**, PLEASE CONTACT _____ AT PHONE NUMBER _____

NAME OF CAT _____

BIRTHDATE OF CAT _____

SEX M F IS YOUR CAT SPAYED OR NEUTERED Y N

WHERE WAS CAT ACQUIRED _____ IS YOUR CAT DECLAWED? Y N

DOMESTIC SHORT HAIR DOMESTIC MEDIUM HAIR DOMESTIC LONG HAIR PUREBREED _____

COLOR _____

HOW DID YOU LEARN OF METRO CAT CLINIC? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my cat. I assume responsibility for all charges incurred in the care of my cat. I understand that a deposit of \$100.00 may be required at check-in and additional charges will be paid at the time of release unless prior arrangements have been made. I further understand that I will be responsible for any additional costs or fees incurred for collection processing should this account become delinquent.

Signature of Owner _____ Date _____

Signature of Co-owner _____ Date _____

Method of payment Cash Check Debit MasterCard VISA Discover CareCredit

A \$20.00 fee will be charged on all checks returned for non-sufficient funds.

ID TYPE / VERIFIED BY: _____