

PATIENT/CLIENT INFORMATION

Welcome to Cat Clinic of Fernandina. Thank you for giving us the opportunity to care for your cat.
Please help us meet your needs better by taking a moment to complete this information sheet.

Title/Name _____

Spouse/other _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Additional Contact Information _____

Driver's License Number _____ State _____

In case of EMERGENCY, please call _____ @ Phone _____

How do you prefer to be notified of reminders? Phone message Email

How did you first learn of our hospital? We would like to thank any individual who referred you.

- Clinic sign
- Direct Mail
- Yellow Pages
- Newspaper
- Billboard
- Shrimp Festival
- Veterinarian
- Internet
- Client/Friend (If so, please let us know their name) _____
- Local Advertisement (If so, please let us know where) _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks (drawn from a local bank), debit cards, VISA and MASTERCARD.

A \$25.00 fee is charged for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND PETS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN INVOICE. I AUTHORZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____



MAY WE INCLUDE YOUR CAT'S PICTURE AND NAME ON OUR FACEBOOK PAGE? _____