

Client Registration Form
(Must be 18 yrs. of age to complete)

Your Name _____
(Owner) Last First Middle Initial

Address _____
 Street City State Zip

Cell phone () _____ Home phone () _____

E-mail _____

Employer (owner): _____ Work phone: _____

Spouse/co-owner name _____ Phone: _____

Cat # 1

Name _____ Date of birth _____ Color _____

Sex _____ Neutered: Yes No Breed _____

(Breed Examples: Domestic Short Hair, Persian, Siamese, etc.)

Cat # 2

Name _____ Date of birth _____ Color _____

Sex _____ Neutered: Yes No Breed _____

Cat#3

Name _____ Date of birth _____ Color _____

Sex _____ Neutered: Yes No Breed _____

Previous veterinarian _____

How did you hear of us?

Online (what sites): Our website _____ Facebook _____ Google _____ Yelp _____

Yellow Pages _____ Other sites _____

Phone Book _____ Referred by client (name) _____

Drive-by: _____ Other (please explain): _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described cat(s). I assume responsibility for all charges incurred in the care of my cat(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized patient(s).

I also authorize Exclusively Cats to obtain copies of any and all previous vet records and to transfer my cat's records from Exclusively Cats if requested by another veterinary facility.

Signature of Owner: _____

Drivers License Number (if paying by check): _____

Date: _____