

# CLIENT REGISTRATION

Welcome to the Cat Hospital of Vero Beach. Thank you for giving us the opportunity to care for your cat(s). Please help us to meet your needs by taking a moment to complete this information sheet.

## OWNER INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ (Required for Check Payments)

## SPOUSE / PARTNER INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR HOSPITAL?

Personal recommendation (Someone we may thank?) Individual's Name \_\_\_\_\_

CHVB Website  Hospital Sign / Drive by  Newspaper Ad  AT&T Yellow Pages

Talking Yellow Pages  Direct Mail/Brochure  Other: \_\_\_\_\_

## FINANCIAL / HOSPITAL POLICIES:

Payment is due at time of services rendered. We accept cash, checks drawn from a local bank, debit cards, Visa, MC, AMEX and Discover Card. We charge a \$35 fee for returned checks; any fees incurred to collect unpaid account balances will be the client's responsibility. AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES. DEPOSITS MAY BE REQUIRED FOR CATS BEING ADMITTED.

To prevent the spread of infectious disease and parasites, and for the safety of our staff, it is required that all admitted cats be current on required vaccines. Cats with fleas WILL BE TREATED with a topical or oral flea medication upon admission and the prescription price WILL BE INCLUDED in the invoice.

## AUTHORIZATION:

I hereby authorize Dr. Gambella and the staff of the Cat Hospital of Vero Beach to examine, prescribe for, and treat my cat(s). I assume responsibility for all charges incurred in the care of my cat(s). I understand that these charges must be paid at the time of release and that a deposit may be required.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Cat Hospital of Vero Beach

**FELINE HEALTH HISTORY**

*Please take the time to fill this out as completely as you can to assist us in keeping your cat in the best health possible.*

Cats Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Description: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y / N Declawed: Y / N

Microchip # \_\_\_\_\_ Interested in having a Microchip? Y / N

Previous Vet (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact to obtain records? (circle) Yes / No If Yes, initial: \_\_\_\_\_

Lifestyle (circle): Indoor only    Indoor with porch/patio access    Outdoor only    Indoor/Outdoor

Cat Origin (circle): Humane Society    Pet Store    Breeder    Stray    Friend    Private Home

How many cats do you have total (including this one): \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**VACCINATION HISTORY**

*Please provide **dates** last given (if known) and test results if indicated.*

FVRCP (Feline Distemper/Upper Resp): \_\_\_\_\_ RABIES: \_\_\_\_\_ 1 Year / 3 Year

FelV (Feline Leukemia Virus): \_\_\_\_\_ FIV (feline immune deficiency): \_\_\_\_\_

FIP (feline infectious peritonitis): \_\_\_\_\_ VS-Calici (virulent strain calici): \_\_\_\_\_

FelV/FIV (Feline Leukemia /AIDS) Test: Results \_\_\_\_\_ / \_\_\_\_\_ Date performed: \_\_\_\_\_

Heart Worm Test: Result \_\_\_\_\_ Date performed: \_\_\_\_\_

Has your cat ever experienced a reaction to any vaccination? No / Yes

If yes, what vaccine and what type of reaction: \_\_\_\_\_

Is your cat currently receiving heartworm prevention: No / Yes Type/Brand: \_\_\_\_\_

**MEDICAL HISTORY**

Does your cat have any known allergies? No / Yes Describe: \_\_\_\_\_

Has your cat ever been diagnosed with any serious or chronic health condition? No / Yes

If Yes, describe: \_\_\_\_\_

Is your cat on any regular medication? No / Yes (If Yes, please list below)

Med Name/Strength: \_\_\_\_\_ Freq of Admin: \_\_\_\_\_

Med Name/Strength: \_\_\_\_\_ Freq of Admin: \_\_\_\_\_

Med Name/Strength: \_\_\_\_\_ Freq of Admin: \_\_\_\_\_

**DIET**

Please describe your cat's diet including brand, type (wet/dry), and frequency (free choice, once/day, twice/day, etc):

Food Brand / Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is there any additional information we should have to better assist you and your cat? \_\_\_\_\_