

# 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** \_\_\_\_\_