



Cheshire Cat Feline Health Center NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Place of Employment _____

Best Number To Reach You _____ Spouse's Work Phone _____

Driver's License # _____ E-Mail Address _____

>>> **May we add you to our private email list for monthly newsletters?** YES NO

How did you become aware of our clinic? Drove by Yellow Pages Previous All Care Client Internet

Other _____ Personal Recommendation (*Whom may we thank?*) _____

| | CAT # 1 | CAT # 2 | CAT # 3 |
|--------------------------|---------|---------|---------|
| NAME | | | |
| BREED | | | |
| DATE OF BIRTH | | | |
| COLOR | | | |
| SEX; SPAYED OR NEUTERED? | | | |

Our pet(s) is: Indoors Only Indoors and Outdoors Outdoors Only

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Payment Policy: It is requested that every client be prepared to pay for services at the time they are rendered. The hospital will accept cash, personal checks, VISA, MasterCard, American Express, Discover and CARE CREDIT as payment. A \$25 fee will be charged on any check returned to us. Financially, the hospital is not able to bear the burden of losses associated with accounts payable, the checking of each client's credit rating and the sending of monthly statements. Services must be paid in full when rendered. Any financial arrangements MUST be made in advance! **We are happy to refer you to CARE CREDIT, a third-party financing company that may arrange a payment schedule for you.** In those rare cases where accounts are not paid in full, we may accept a Held Check for future deposit within 2 weeks. A \$5.00 fee will be assessed on each held payment. If a balance is carried on an account over 14 days, a monthly fee of \$5 will be added to the account balance each month when bills are sent.

Prescriptions: Federal law prohibits the dispensing or prescribing of certain medications, diets and products without a current client relationship and patient examination. This clinic can not accept return of nor issue refund for any pharmaceutical products once they have left our premises. If a client chooses to fill medications, diets and products outside of this facility, a written prescription will gladly be provided. The client takes all responsibility for quality and authenticity of products purchased outside this hospital. We appreciate your understanding.

Overnight Care: Veterinary service during nighttime hours, some daytime hours, and/or weekends is provided at the discretion of the veterinarian in charge. This facility is not continually staffed overnight.

Abandoned Animals: Notwithstanding any other provision of law, whenever any animal is delivered to any veterinarian, dog kennel, cat kennel, pet-grooming parlor, animal hospital, or any other animal care facility pursuant to any written or oral agreement entered into after the effective date of this section, and the owner of such animal does not pick up the animal within 14 calendar days after the day the animal was due to be picked up, the animal shall be deemed to be abandoned.

I have read and understand the above policies: _____ Date: _____

THANK YOU FOR YOUR TIME!