

Client Information and Services Form



Thank you for using Lincoln Avenue Cat Hospital for your cats visit!
To insure the best care possible, please take the time to fill out this form completely.

Owner Information: _____ Date: _____

Last Name: _____ First Name: _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work # _____ Cell # _____

Emergency Contact (Spouse) : _____ Phone #: _____

Email Address: _____ Driver License: _____

Employer/Student : _____

How did you hear about us? Google Facebook Yelp Friend Other: _____

Cat Information:

Name: _____ Breed: _____ Color(s): _____ Birthday/Age: _____

Sex: Male Female Altered: Yes No Location: Indoor Outdoor Microchip: Yes No

Vaccination Due: Rabies Distemper Other: _____

Please, check any symptoms or problems that you have noticed about your pet:

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst or Urination Increased |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Seems Depressed | |

Medical alerts _____ Special Diet _____

Medications List: _____

PLEASE READ AND SIGN: I hereby authorize the Lincoln Avenue Cat Hospital to examine, prescribe for, treat or perform surgery on the above-mentioned pet. I also consent to the admission of such anesthetics are necessary. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the clinic or when service is otherwise terminated. I understand that veterinary services are not provided during night time hours. I authorize the Lincoln Avenue Cat Hospital to provide attended supervision if deemed necessary by the veterinarian in charge whether in its location or at an emergency clinic. I agree to pay any cost for my pet's supervision. I agree to pay any collection agencies or legal fees if needed.

SORRY FOR THE INCONVENIENCE BUT WE DO NOT ACCEPT CHECKS!

* _____ / _____
Signature of Owner Agent Good Samaritan _____ Spouses Signature