

Allentown Cat Clinic, P.C.

New Client/ Cat Registration

Thank you for giving us the opportunity to care for your cat. We'll be happy to answer any questions you have about your cat's health.

***Due to the many cases of identity theft, we do require a valid driver's license or other photo id for verification purposes.**

REGISTRATION

OWNERS NAME _____		TODAYS DATE _____	
SPOUSE/OTHER _____			
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____	
E-MAIL _____			
IN CASE OF EMERGENCY , PLEASE CONTACT _____ AT THIS PHONE NUMBER _____			
NAME OF CAT _____			
BIRTHDATE OF CAT _____			
SEX (Please Circle One) M F IS YOUR CAT SPAYED OR NEUTERED _____			
WHERE WAS CAT ACQUIRED _____ IS YOUR CAT DECLAWED _____			
<input type="checkbox"/> DOMESTIC SHORT HAIR	<input type="checkbox"/> DOMESTIC MEDIUM HAIR	<input type="checkbox"/> DOMESTIC LONG HAIR	<input type="checkbox"/> PURE BREED _____
COLOR _____			

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my cat. I assume responsibility for all charges incurred in the care of my cat. I understand that a deposit of \$100.00 may be required at check-in and additional charges will be paid at the time of release unless prior arrangements have been made. I further understand that I will be responsible for any additional costs or fees incurred for collection processing should this account become delinquent.

Signature of Owner _____ Date _____

Signature of Co-owner _____ Date _____

Method of payment ___ Cash ___ Check ___ Debit ___ MasterCard ___ VISA ___ Discover ___ CareCredit

A \$20.00 fee will be charged on all checks returned for non-sufficient funds.

ID TYPE / VERIFIED BY: _____