

PET REGISTRATION

Today's Date: _____

OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

HOME Telephone: () _____

WORK Telephone: () _____

CELL or ALTERNATE Telephone: () _____

Will you share your e-mail address with us? _____@_____ I don't have one/Don't want to give it

Driver's License Number: State _____ Number _____
(required if paying by check)

Spouse/Partner or Co-Owner's Name: _____

How did you learn of the Cat Care Clinic?

- Telephone Book/Yellow Pages Internet Search Saw Sign from Road/Drove by
 I live/work nearby I was referred by _____
(Please give us the name of your friend, so that we may reward them!)

PATIENT INFORMATION

Patient's Name: _____

Sex: Neutered Male Spayed Female **Breed:** Domestic Short Hair
 Unaltered Male Unaltered Female Domestic Medium Hair
 Unknown Domestic Long Hair
 _____ Color: _____

Date of Birth, if known: _____ If unknown, approximate age: _____

My cat is: Aggressive at the Veterinarian's office Feral (Wild)

Has your cat visited another local clinic? Yes No

- If yes, what is the clinic's name, so that we may get your cat's vaccination records?
 Humane Alliance Spay and Neuter Clinic
 Other _____
 I have brought my cat's medical records with me today.

List any known medical conditions (e.g. Diabetes, heart disease): _____

Is your cat on any medication or treatment for this condition? _____

Any known allergies or sensitivities? _____

Has your cat had a reaction to a vaccine in the past (e.g. lethargy, vomiting, soreness)?

- Yes No Unknown

Is your cat: Indoor Only Outdoor Only Indoor/Outdoor Equally

Mostly Indoor, but occasionally goes outside

Microchipped

Do you care for or own other cats? Yes, How many cats in total? _____ No

What is your cat's normal diet? (check all that apply) Canned food Dry food

Special treats Table scraps/Human food

City/Tap water Filtered water Well water

Cat Care Clinic of Asheville

Client Policies

- I. Visit Protocol
 - A. In order to keep your waiting time to a minimum, we are able to see our clients and patients on an appointment basis only. We strongly suggest calling ahead to schedule an appointment. If you have an urgent need for care, we will make every attempt to schedule your kitty within the next 48 hours of your call. Be aware that this may mean you will need to leave your kitty overnight, or over the weekend, for an additional boarding cost.
 - B. Patients will be seen in the following order: Emergencies, On-Time Appointments, Early or Late Appointments, and Walk-In Appointments. As emergencies do arise, we ask for your patience if there is a delay during your appointment time due to a patient in need of immediate care. We will try to inform you of any schedule changes ahead of time, if possible.
 - C. We consider an appointment made to be an agreement and commitment between our office and our clients, and we rely on our fine clients to abide by that agreement. If an appointment must be changed, 24 hours notice is appreciated, and a “make up” appointment should be made at that time. **“No show” appointments are subject to a \$25.00 charge.** If appointments are repeatedly missed or changed on short notice, we will regret to dismiss you from our care.
 - D. Due to the nature of veterinary medicine, we ask that all clients remain in the waiting room until called by a technician, and then remain in the exam rooms during their appointment times. **Please do not walk into the treatment/hospital area unless escorted by a technician or the doctor.**
 - E. **We require carriers for all our patients. This is for the safety and health of your cat. If you do not have a carrier, we sell a cardboard carrier for \$6. ALL PATIENTS MUST LEAVE THIS CLINIC IN A CARRIER OR RESTRAINED ON A LEASH: NO EXCEPTIONS!**
- II. Clinic Hours
 - A. The clinic hours are as follows: Monday, Tuesday, Wednesday, and Friday 7:30 a.m. to 6:00 p.m.; Thursday 7:30 a.m. to 1:00 p.m.; and Saturday 8:00 a.m. to 12:00 p.m. Please note that we close early on Thursday and Saturday. The clinic is also closed during most major holidays.
 - B. The hours that the doctor is available vary, so please call ahead to schedule an appointment.
- III. Financial Arrangements
 - A. **Payment is expected upon receipt of services.**
 - B. **If you are a new client, a deposit of 50% of your estimated total must be paid when dropping off a patient.**
 - C. For your convenience, we accept cash, checks (with valid identification), Visa, MasterCard, and Care Credit.
 - D. **There will be a \$25 service charge on all returned checks.**
 - E. Care Credit is a third-party payment option that we accept. This is similar to a credit card that pays for costs not covered by standard insurance. Care Credit offers interest-free payment options for up to a year if your invoice exceeds \$300. All owners hoping to make “payment arrangements” for surgeries or other extended procedures (totaling more than \$700) **MUST** submit a Care Credit application before any other options are considered.
 - F. Please feel that you can inquire about the cost of any procedure, service, or medication. We will be happy to work up an estimate for your review.
- IV. Feline Health Care
 - A. Here at our clinic, we are building a health care program for the life of your cat. In order to achieve that goal, we ask that you allow us to deliver the best service possible for your cat’s health. **Your cat could be hurting and you may not even realize it.** That is why we suggest a yearly examination for each cat in your household, to ensure that they are progressing through their lives as comfortably and happily as possible. We offer a “Multi-Cat” Annual Exam Discount, to ensure that our clients with three or more patients can bring in their cats for these annual exams.
 - B. Protecting pets against the rabies virus is sound medicine, and required by both the City of Asheville and Buncombe County. Therefore, we require all patients to be vaccinated against the rabies virus. Please provide proof that your cat has been vaccinated, or we will vaccinate today if your cat is old enough and well enough. There is a charge for this vaccination.
 - C. This clinic does not euthanize healthy patients for any reason.

I have read and understand the above outlined client policy for the Cat Care Clinic.

Signed _____ Date _____