

NEW PET REGISTRATION



Today's Date: _____

OWNER INFORMATION

Name: _____

Mailing Address: _____
City: _____ State: _____ ZIP: _____

Telephone: Primary Number: () _____ Secondary Number: _____

Will you share your email address with us? _____ I don't have one/Don't want to share it

We send only periodic discount announcements, reminders for procedures and vaccinations, and occasional client communications via email.

Driver's License Number: State _____ Number: _____
*This is required if ever paying by check

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

How did you learn of the Cat Care Clinic of Asheville?

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

PATIENT INFORMATION

Patient's Name: _____

Breed: Domestic Short Hair Color: _____
 Domestic Medium Hair
 Domestic Long Hair

Age: _____ If known, date of birth: _____

Sex: Neutered Male Unaltered Male Unknown
 Spayed Female Unaltered Female

Please check if your cat is: Aggressive at the vet's office Very Timid Feral Microchipped

Has your cat visited another vet clinic? Yes, _____ No
Name of Other Clinic
 I brought my cat's medical records with me today

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

Is your cat on any medication or special diet currently?:

Any known allergies/sensitivities?: _____

Has your cat ever had a reaction (e.g. lethargy, soreness, vomiting) following a vaccine?

Yes No Unknown

Is your cat: Indoor Only Indoor/Outdoor Equally Mostly Indoor, but occasionally goes outside
 Outdoor only Goes out on porch/patio only, or is supervised when outside 100% of the time

How many cats reside in your household? _____ Dogs? _____

What is your cat's normal diet? (check all that apply) Dry food Canned food Table Scraps/Human Food
 _____ Homemade Diet _____ Treats

CLIENT POLICIES

I. Appointment Protocol

- A. In order to keep your waiting time to a minimum, we operate on an appointment basis only.
- B. We make every attempt to accommodate emergency visits, but certain cases will need to be referred to REACH Emergency Hospital. We appreciate your patience in the event that a clinic emergency delays your appointment.
- C. We consider a scheduled appointment to be a commitment between our clinic and our clients. If an appointment must be changed, 24 hour-notice is appreciated. **“No show” appointments are subject to a \$25.00 charge.** We may have to refuse service if appointments are continually missed or rescheduled.
- D. All clients must remain in the exam room or waiting area at all times. **Please do not walk into the treatment/hospital area unless escorted by the doctor or staff.**
- E. **We require carriers/harnesses for all our patients.** This is for the safety and health of your cat. All patients must leave this clinic in a carrier or restrained on a harness.

II. Clinic Hours

- A. The clinic hours are as follows: Monday, Thursday, and Friday 8:00 a.m. to 6:00 p.m.; Tuesday 9:00 a.m. to 8:00 p.m.; and Saturday 9:00 a.m. to 1:00 p.m. Please note that we are closed on Wednesdays, Sundays and most major holidays.
- B. Appointment times vary so please call ahead.

III. Financial Arrangements

- A. **Payment is expected at time of service.**
- B. **If you are a new client leaving your cat with us, a 50% deposit is required.**
- C. For your convenience, we accept cash, checks, all major credit cards, H3 WellnessPlus and Care Credit .
- D. **There will be a \$25 service charge on all returned checks.**
- E. All owners hoping to make payment arrangements MUST submit an application for both H3 Wellness Plus and Care Credit before any other options are considered. These are credit cards designed to cover health care costs.
- F. You are welcome to inquire about the estimated cost of any procedure, service, or medication at any time during your visit. We will gladly provide a treatment plan and estimate for your review.
- G. In the event that your account is sent to our collection agency, an additional fee will be incurred.

IV. Feline Health Care

- A. Since we are dedicated to building a lifetime health care program for your cat, wellness exams are recommended at least once a year in order to maintain a current doctor/patient relationship.
- B. **Current Rabies vaccination status is required by North Carolina state law.** Please provide proof that your cat has been vaccinated or we will be legally responsible to update this vaccination.
- C. We offer end of life services. However, the doctor reserves the right to decline euthanasia if she deems it unnecessary.
- D. Surgeries and some procedures may require anesthesia, which carries certain risks. Blood work may be required prior to anesthesia.

I have read, understand and agree to the above outlined client policies for the Cat Care Clinic of Asheville.

Signed _____ Date _____