



NEW CLIENT QUESTIONNAIRE

(Please make sure that you have called ahead to schedule an appointment and arrange an appropriate drop-off time)

Contact Information

Owner's Name _____

Mailing Address _____ Town _____ Zip _____

Street Address _____ Town _____ Zip _____

Telephone: HOME _____ WORK _____ CELL _____

Email Address _____

Employer's Name/Address _____

Occupation _____

Spouse's Name _____

Telephone: WORK _____ CELL _____

Employer's Name/Address _____

Occupation _____

Emergency Contact Name & Telephone _____

HAVE YOU BEEN HERE BEFORE? _____

HOW DID YOU HEAR ABOUT US?

SIGN _____ YELLOWPAGES _____ BROCHURE _____ NEWSPAPER _____ INTERNET _____

REFERRED BY: _____

Patient Information

Cat's Name _____ Date of Birth _____

Male _____ Neutered _____ Female _____ Spayed _____

BREED _____ COLOR _____ WEIGHT _____

DOES THIS CAT EVER GO OUTDOORS? (YES/NO)

PREVIOUS VETERINARY HOSPITAL(S): _____

Authorization for Treatment

I hereby authorize the veterinarians at the Cat Clinic of Plymouth to examine and treat the above cats. I assume responsibility for making medical decisions for these cats and provide home care when appropriate. I also assume responsibility for all charges incurred in the care for this animal and understand that payment is due at the time of services.

Signature of Owner _____