

Welcome to the Cat Clinic of Orange County

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as possible. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your cat's health.

Client Information

Primary Owner's Name: _____ Date of Birth: _____
First Middle Last **(Required)**

2nd Owner's Name (Spouse/Other): _____ Date of Birth: _____
Circle one First Middle Last **(Required)**

Address: _____ City: _____ State: _____

Zip: _____ Primary Contact #: (home/cell/other) _____ 2nd Contact#: (cell/home/other) _____
Circle one **Circle one**

Driver's License #: _____ Social Security #: _____ E-Mail: _____

Employer: _____ Occupation: _____

Business Address: _____ Bus. Phone #: _____

How did you learn about us?: _____

Notify in case of emergency: _____ Relationship: _____ Phone #: _____

Pet Information

Cat's Name	Age/Birth Date	Breed	Color	Sex (neutered?)

I, the undersigned, owner or authorized agent of the above patient(s), hereby consent and authorize the admitting veterinarian of the Cat Clinic of Orange County to care for, treat and/or anesthetize as is deemed advisable in the performance of surgical or therapeutic procedures deemed to be indicated on the above named patient(s). I further understand that no guarantee of successful is made.

I assume financial responsibility for all charges incurred to the patient, and agree to pay all charges at the time of release of the patient.

Any animal not picked up within the time required by section 1843 of the California Civil code shall be deemed abandoned and handled according to section 1843.5 and 1843.6 of the California Civil code.

I understand that this section will not, however, relieve me from paying all charges rendered and all legal and/or court costs incurred in connection with collection services. By signing below, you give The Cat Clinic of Orange County permission to send your pet's medical records to providers as requested in transfer or emergency situations. A nominal fee may apply for this service.

All Fees Are Due Upon Release of Your Pet

Payment Preference: Cash Check Credit/ATM Card

Signature of Owner or Authorized Agent _____ Date ____ / ____ / ____

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time that services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we gladly accept most major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any hold payments as well as any returned checks. Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.