



Island Cats
Veterinary Hospital

Client/Patient Information Sheet

OWNER: FIRST: _____ MI: _____ LAST: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: HOME # _____ CELL# _____ WORK# _____
 EMAIL ADDRESS: _____

OWNER (OTHER): FIRST _____ MI _____ LAST _____
 PHONE: HOME# _____ CELL# _____ WORK# _____

PATIENT NAME: _____ MALE _____ FEMALE _____ SPAYED/NEUTERED? Y / N
 BIRTHDATE: _____ BREED: _____ COLOR: _____
 INDOOR ONLY: Y / N _____ DECLAWED: Y / N _____ MICROCHIP: Y / N _____
 DIET: DRY BRAND: _____ CANNED BRAND: _____
 VIRUS TESTING: FELV: _____ NOT TESTED _____ POSITIVE _____ NEGATIVE
 FIV(AIDS): _____ NOT TESTED _____ POSITIVE _____ NEGATIVE

VACCINE HISTORY (MONTH & YEAR YOUR CAT LAST RECEIVED THE FOLLOWING):
 FVRCP (UPPER RESPIRATORY) _____ RABIES _____
 FELV (LEUKEMIA) _____ FIV _____

WHAT IS THE REASON FOR TODAY 'S VISIT? _____
 ABNORMALITIES , PREVIOUS PROBLEMS , DRUG REACTIONS /ALLERGIES : _____

HOW DID YOU HEAR ABOUT US ?
 _____ DROVE BY _____ WEBSITE _____ REFERRAL: WHO MAY WE THANK FOR REFERRING US ? _____
 _____ PHONE BOOK (MARK ONE): MI DIRECTORY WEST YELLOW PAGES VERIZON YELLOW PAGES OTHER

PREVIOUS VETERINARIAN WHO WE CAN CONTACT FOR RECORDS : _____
 FINANCIAL POLICY:

Thank you for choosing Island Cats Veterinary Hospital as your cat's health care provider. The following financial policy helps enable us to provide the best and most cost-effective treatment for your pet while keeping our costs down. Please read it and sign below, indicating you understand, and are in agreement with this policy prior to any exam or treatment:

Full payment is due at the time of services. We accept cash, check, VISA, Mastercard, and Discover Card. There is a \$25 fee for appointment no-shows and a \$50 fee for surgery no-shows. Any arrangements for payments due to extenuating circumstances must be requested prior to completion of services and require the signing of a financial agreement with Island Cats Veterinary Hospital.

 SIGNATURE DATE PRINT NAME