Island Cats
Veterinary Hospital

New Client/Patient Registration Form

OWNER INFORMATION

PRIMARY CONTACT

First Name: Last Name:

Cell #: ( ) ☐Home/☐Work #: ( )

Address:

Street

City *State* *Zip code*

Email:

SECONDARY CONTACT

First Name: Last Name:

Cell #: ( ) ☐Home/☐Work #: ( )

PET INFORMATION

Pet's Name:

Breed:

Color:

Birthdate and/or age:

Previous Veterinary Clinic:

☐ Male / ☐ Female
☐ Spayed / ☐ Neutered / ☐ Intact
☐ Indoor / ☐ Outdoor / ☐ Both
Is Your Cat Microchipped? ☐ Yes / ☐ No
Is Your Cat Declawed? ☐ Yes / ☐ No

How did you hear about us?

☐ Social Media
☐ Google Search
☐ Drive-by
☐ Referred by:

☐ Other:

Financial Policy

Full payment is due at the time of services.
There is a $30 fee for appointment no-shows and a $65 fee for surgery no-shows.
We accept cash, check, VISA, MasterCard, and Discover

IAM THE AUTHORIZED OWNER/AGENT OF THIS CAT

Owner's Signature: **Date:**

3024 78th Ave SE, Mercer Island, WA 98040 ☎ (206) 232-2837 www.islandcats.com