



# 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: \_\_\_\_\_  Male /  Female

Color: \_\_\_\_\_  Spayed /  Neutered /  Intact

Previous Veterinary Clinic: \_\_\_\_\_  Indoor /  Outdoor /  Both

How did you hear about us?  Yes /  No

Social Media  Yes /  No

Google Search  Yes /  No

Drive-by  Yes /  No

Referred by: \_\_\_\_\_  Yes /  No

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**

**I AM THE AUTHORIZED OWNER/AGENT OF THIS CAT**

**Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**