

# ANASTASIA CAT CLINIC

---

## CLIENT INFORMATION

Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ ST: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Cell or Home or Work or Other

Secondary phone number: \_\_\_\_\_ Cell or Home or Work or Other

Please list any additional numbers \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact name/relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you learn about our practice? If a friend referred you, please give their name: \_\_\_\_\_

---

## PET INFORMATION

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ M or F

Age/Date of Birth: \_\_\_\_\_ Neutered/Spayed? Yes or No When? \_\_\_\_\_

Where was your pet obtained: FRIEND BREEDER PET SHOP RESCUE OTHER \_\_\_\_\_

Does your cat have records at another practice: Yes or No May we contact them for records: Yes or No

Please list any practices your cat has records at: \_\_\_\_\_

As the owner, I give my permission for my cat's records to be sent to other clinics: Yes or No

List any additional friends, family members or other parties you allow your cat's records to be released to below:

Signature: \_\_\_\_\_ (I sign stating my permission that my cat's records can go to the parties listed above)

---

## PET HISTORY AND LIFESTYLE

Is your cat: INDOOR OUTDOOR BOTH PORCH Are there other pets: Yes or No Children: Yes or No

Diet: DRY or CAN or BOTH Brand of cat food: \_\_\_\_\_

How often do you feed your cat wet and/or dry food: \_\_\_\_\_

Please list any major history we should know about: \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

How long have you noticed this: \_\_\_\_\_ Condition Course: BETTER or SAME or WORSE

Has your cat received treatment for this before: Yes or No What kind of treatment/meds: \_\_\_\_\_

---

## AUTHORIZATION

I hereby authorize Dr. Paper to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_