



# All Feline Hospital

## WELCOME

We are pleased to welcome you to All Feline Hospital.

Please take a few minutes to fill out this form.

If you have questions, we'll be glad to help you. We look forward to working with you and your felines!

### Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

*\*Required for access to Pet Portals*

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Preferred method of contact: Home # / Cell # / Work # / Email / Other: \_\_\_\_\_

Spouse or co-owner: \_\_\_\_\_ Contact #: \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

Notify in case of emergency (if we cannot reach you): \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have pet insurance? \_\_\_\_\_ If so, who is your insurance carrier? \_\_\_\_\_

### Cat Information

(Please list all cats living in your home)

| Name | M F<br>M/N F/S | Breed | Color | Indoor/<br>Outdoor | Approx.<br>Birth date | Declawed?<br>Front / All 4 | How long<br>owned? |
|------|----------------|-------|-------|--------------------|-----------------------|----------------------------|--------------------|
|      |                |       |       |                    |                       |                            |                    |
|      |                |       |       |                    |                       |                            |                    |
|      |                |       |       |                    |                       |                            |                    |
|      |                |       |       |                    |                       |                            |                    |
|      |                |       |       |                    |                       |                            |                    |

What brand of cat food do you feed? \_\_\_\_\_ Dry/canned/both? \_\_\_\_\_

Any additional information we should know about any of your cats? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT

We will gladly prepare a written estimate of service if you desire (please ask our doctor, technician, or practice manager). All professional fees are due at the time services are rendered. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept VISA, Master Card, or Discover. There will be a \$30.00 service charge for any check returned unpaid.

# **ALL FELINE HOSPITAL PAYMENT POLICY**

**Payment is due at the time of service.**

We accept:

1. Cash
2. Check
3. Visa, Mastercard and Discover
4. Care Credit

**\*\*\*\*\**We do not accept American Express*\*\*\*\*\***

**Please indicate below the form of payment you choose to settle your account.  
(Check one)**

- Cash
- Check
- Discover
- Debit
- Visa
- Mastercard
- Care Credit

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Signature of Client/Responsible Party

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Date