

NEW PATEINT FORM

Today's Date:	Please circle the # you want us to use FIRST when calling:
Owner's Name:	Cell Phone #:
	Home Phone #:
Secondary Name(s):	Cell Phone #:
	Home Phone #:
Address:	Alt. Phone #(s):
City: Zip:	Email:
Cat's Name:	Color:
Breed: (ex. Domestic Short Hair)	Sex: (check one) Male Male Neutered
Date of birth or age:	Female Female Spayed
Is this cat declawed? (check one)	Lifestyle:
☐ No ☐ Front Only ☐ All Four Paws	Outdoor Supervised Outdoor Only
Is your cat microchipped? (check one)	Does your cat have health insurance?
☐ Yes ☐ No ☐ I Don't Know	☐ No ☐ Yes If yes, what type?
Reason for visit:	
How many other pets are in your home? (please list all species)	
I agree that Cats Exclusively may use photographs or videos taken of my cat on their website, social media platforms, and in the hospital. Yes No	
How did you learn about us? We would like to give them credit:	
☐ Yellow Pages Directory	Recommended by family/friend – Name?:
☐ Drove by the hospital	☐ Humane Society/Rescue Group - Name?:
Online search for veterinary hospital	Recommended by a veterinarian – Name?:
Saw a Facebook or other social media posting	Other:

Payment is due at the time services are rendered.

Have you served or are currently in the military? We offer discounts to active service members and veterans.

We accept cash, check, MC, VISA, DISC, and AMEX

Checks require valid driver's license number: