

**FELINE NEW CLIENT FORM**Name of OWNER (person financially responsible for pet):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address: Street \_\_\_\_\_

Please circle the phone \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

number you prefer  
us to contact you: Home Phone \_\_\_\_\_ Cell phone, or other number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse or  
Significant-other: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_

**If paying by check at any time:****Your check must be approved by TeleCheck: a national check/credit reporting service we subscribe to. TeleCheck requires a copy of the Drivers License of the person signing the check.****Returned check fee is \$25.**

Please circle choice of payment(s): Cash Personal Check Visa Master Card Discover Debit Card

**I understand the above payment policies, and that payment is required at the time that services are rendered. **\*\*Please initial\*\***** \_\_\_\_\_How did you become aware of our clinic? **Circle:** Location Yellow Pages (Color Ad?) Friend Internet  
If referred, whom may we thank with a referral gift certificate? \_\_\_\_\_**PATIENT INFORMATION:**

Cat's Name \_\_\_\_\_ Date-of-Birth or Approximate Age \_\_\_\_\_

Breed \_\_\_\_\_ How long have you had this cat? \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed / Neutered ? Yes or No**YOUR CAT'S LAST VACCINATION DATES:**

Feline Distemper \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Rabies \_\_\_\_\_ Other vaccines \_\_\_\_\_

Name of veterinarian or clinic where vaccines were last given \_\_\_\_\_

Feline Leukemia (FeLV) Test \_\_\_\_\_ Feline Immunodeficiency (FIV) Test \_\_\_\_\_

Last Fecal Exam \_\_\_\_\_ Last Deworming \_\_\_\_\_

Name of Flea Preventative \_\_\_\_\_ Date last given \_\_\_\_\_

Does your cat receive heartworm preventative? \_\_\_\_\_

**Medical Records Release Waiver**

I agree to allow Eagle Creek Animal Clinic to release the contents of my pet's vaccine record to other pet professional agencies such as boarding and grooming facilities and pet trainers. I may at any time request, in writing, that my records not be released to non-veterinarians.

X \_\_\_\_\_ Date \_\_\_\_\_