



## WELCOME TO THE CAT CLINIC

Please help us to better serve your cat's healthcare needs by providing the following information.

### ABOUT YOURSELF

Title \_\_\_\_\_ Name \_\_\_\_\_

Address (home) \_\_\_\_\_

\_\_\_\_\_

Phone (home, office, cell, other) \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers License # \_\_\_\_\_

How do you prefer to be contacted for reminders and other communications about your cat? Phone \_\_\_\_\_ Which number? \_\_\_\_\_

E-mail \_\_\_\_\_

Post \_\_\_\_\_

Do you wish to authorize any other person to make decisions regarding your cats care?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Name) \_\_\_\_\_

How did you learn about our clinic? Referral? \_\_\_\_\_

Yellow pages? \_\_\_\_\_

Internet? \_\_\_\_\_

Drive by? \_\_\_\_\_

Other? \_\_\_\_\_

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

## ABOUT YOUR CAT

Name \_\_\_\_\_

Date of birth or approximate age, if known? \_\_\_\_\_

Sex? \_\_\_\_\_ Spayed or neutered? \_\_\_\_\_ Declawed? \_\_\_\_\_

Color? \_\_\_\_\_ Breed? \_\_\_\_\_ Microchip? \_\_\_\_\_

How did you acquire your cat? (For example, from a breeder, friend or family, stray, shelter, etc.) \_\_\_\_\_

How long have you had your cat? \_\_\_\_\_

How much of its time does your cat spend outdoors? \_\_\_\_\_

What other pets share the household with this cat? \_\_\_\_\_

What types of food does your cat usually eat? \_\_\_\_\_

Can you share with us any medical history for your cat? For example,

Has your cat been given any vaccines within the past year? \_\_\_\_\_

Were there any problems associated with this? \_\_\_\_\_

Has your cat ever been anesthetized or had a surgical procedure performed (including spay/neuter)? \_\_\_\_\_

Were there any problems associated with this? \_\_\_\_\_

Is your cat on regular flea preventative? What kind? \_\_\_\_\_

What is the reason for your cat's visit with us today? \_\_\_\_\_

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If appropriate, you may authorize us to request your cat's previous medical records from another veterinarian by signing the authorization form below.

### Request for Release of Medical Records

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Your name) (Your previous veterinarian's Clinic)

I request that copies or summaries of the medical records pertaining to my cat named \_\_\_\_\_ be released to the Cat Clinic of Chattanooga by fax, mail or e-mail.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Cat Clinic of Chattanooga

310 Cherokee Blvd. | Chattanooga, TN 37405 | Phone 423-752-0737 | Fax 423-648-5864

## Financial Policy

Thank you for choosing Cat Clinic of Chattanooga. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Cat Clinic of Chattanooga requires payment in full at the end of your pet's examination and/or at the time of discharge.

### Payment Options:

You can choose from:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 1/3 deposit to begin your pet's treatment.

### Additional Policy Information:

Cat Clinic of Chattanooga charges \$50.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Pet Name

Breed

<sup>1</sup>Subject to credit approval