

Just Cats Veterinary Services

Client Information:

Name _____ Driver's License _____ State _____
First Last (if you wish to pay by check)

Address _____
Number and Street City Zip

Occupation _____ Employer _____

Telephone numbers:

Home (____) _____ Work (____) _____ Cell (____) _____

Home Fax (____) _____ Work Fax (____) _____ Pager (____) _____

Email address _____

Alternate Contact: Spouse Partner Co-owner Friend Name _____
First Last

Occupation _____ Employer _____

Telephone numbers:

Home (____) _____ Work (____) _____ Cell (____) _____

Home Fax (____) _____ Work Fax (____) _____ Pager (____) _____

Email address _____

Patient Information:

Name _____ Breed _____ Color _____

Please Circle: Birthday _____

Male Female Previous Veterinarian _____

Intact Spayed/ Neutered

Professional Fees are to be paid at the time services are rendered. At your request, we will gladly provide a written estimate of cost for recommended procedures.

To prevent the spread of infectious disease and parasites, we require that all patients be current on all appropriate vaccinations. Also, cats with fleas and/or intestinal parasites will be treated with an oral or topical medication on admission, and the prescription price will be included on the invoice.

I agree to give the doctors and staff members of Just Cats Veterinary Services permission to discuss this case with and provide medical records to insurance companies, boarding facilities, or other veterinarians in consultation with my cat's well being.

In case of emergency, I authorize Just Cats Veterinary Services to treat my cat as they deem appropriate. I understand that all available resources will be exhausted to attempt to contact either myself or the alternate contact listed above prior to initiating treatment.

Signed _____ Date _____