WELCOME TO KENTWOOD CAT CLINIC AND CAT CLINIC NORTH!

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs better by taking a moment to share some important information we will need as we support your cat's needs today and in the future. Please complete all sections.

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Owner's Name:		Owner's DOB://				
Address:		City:				
Apt #: State:	Zip:	Cell phone:				
Preferred method of contact:		Home:				
Employer/occupation:		Work phone:				
Driver's license number:		Email:				
Spouse/partner's name:		Spouse/partner's phone:				
Emergency contact:		Phone:				
Would you like to receive our newsletter by email? ☐ Yes ☐ No						
May we post your cat's photo on our website &/or other social media sites? (cat's 1st name only) □ Yes □ No						
HOW DID YOU HEAR ABOUT US?						
☐ Internet Search	☐ Cat Clinics Website					
☐ Facebook	☐ Personal referral (please provide their full name so we can thank them with a voucher!):					
☐ Sign/drive-by	☐ Doctor referral (please provide their name & referring clinic):					
☐ Other (please elaborate):						
We will gladly prepare a written estimate if you desire. This is important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We take cash, checks, MasterCard, Visa, and Care Credit. There will be a \$25.00 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.						
Signature of responsible agent for pet (s):						
Date:						
Please tell us about <u>all</u> your pets below:						

Cat	Dog	Other	Pet's name	Birth date or age	Sex	Description