



NEW CLIENT FORM

Thank you for choosing All Cats Clinic to care for your feline friend! This form is for clients who ALREADY have an appointment set up with us. Please complete the form below.

Day of your appointment Date: _____

Owner Name: (first, last) _____ Phone: _____

Email: _____

Co-Owner Name: (first, last) _____ Phone: _____

Email: _____

Street Address: _____

City, State/Province: _____ Zip Code: _____

How did you hear about us?

Google Facebook/Instagram Personal Recommendation Other

If Personal Recommendation, who may we thank? _____

Would you prefer an in-person visit or remain curbside? In-Person Visit Curbside

Patient Information

Cat's Name: _____ Hair Length: Short Medium Long

Sex: Female Spayed Female Male Neutered Male Color: _____

Approximate Age/Date of Birth: _____

Does your cat have past medical records? (If so please bring with you to appointment.) Yes No

Patient Visit

Reason for Visit: Exam Exam w/ Lab Work Exam w/ Vaccines

Illness or Injury Recheck Boosters

Other Services: (All other services will be at an additional cost)

Express Anal Glands Nail Trim Shave Mats Shave Rear

Your Cat's Lifestyle: Indoor Only Indoor Mostly Outdoor Only Outdoor Mostly In and Out Freely

Do you have any concerns with your cat? None Increased Appetite Decreased Appetite

Increased Drinking Decreased Drinking Weight Loss Weight Gain Itching/Scratching

Vomiting Diarrhea Urination Issues Lethargy Behavioral Sneezing Coughing

Other (Please explain) _____



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What brand and type of food do you feed your cat? _____

How much/how often do you feed your cat? Free Fed Measured Amounts

Is your cat on any current medications or supplements? Yes No

If so, what name, dose and frequency of medications? _____

Do you have pet insurance? Yes No

If so, what type of insurance does your cat have? _____

Do you have our app (Vitus Vet)? Yes No

IN PERSON VISIT - We ask that you remain seated for the examination and allow our trained assistants to provide physical support for your cat.

IF YOU ARE ILL OR HAVE BEEN EXPOSED TO SOMEONE WHO IS ILL, WE WILL NEED YOU TO REMAIN CURBSIDE OR RESCHEDULE YOUR APPOINTMENT.

I understand and agree

Owner Signature