



**ALL CATS**  
CLINIC

# 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 of appointment: \_\_\_\_\_

Owner Name: (first, last) \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_

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 the 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 Matts  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 (PetDesk)?  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

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Owner Signature