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)   ☐ 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

_____
Owner Signature