

All Cats Hospital New Client Registration

Last Name:	First Name:	
Spouse's Name (Or Other Responsible Party):		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
**E-Mail Address:		Fax:
Owner's Occupation:	Work Phone:	
Spouse's Occupation:	Work/Cell Phone:	

How did you first hear about All Cats Hospital? (please check one)

- Sign/Location Yellow Pages Mailing Facebook Page
 Newspaper All Cats Website E-Newsletter
 Personal Referral (who may we thank?): _____ Other: _____

Please select how you would prefer us to contact you:

Note: The doctors communicate primarily through e-mail, and are often able to respond to your concerns more quickly.

1. Calls to check on the progress of your cat after a recent visit:
 E-Mail Home Phone Cell Phone Work Phone
2. Normal bloodwork:
 E-Mail Regular Mail
3. Abnormal bloodwork:
 E-Mail Home Phone Cell Phone Work Phone
4. Re-evaluation Reminders:
 E-Mail Home Phone Cell Phone Work Phone
5. If we are unable to speak with you, may we leave messages on voice mail? Yes No
6. Do we have permission to use photographs of your cat(s) on our social media sites (such as Facebook)
 Yes (pls initial):: No

Fees

Our fees reflect our expertise, the quality of our facility and equipment, the caring and concern of our staff, continuing education, the service provided, and our willingness to listen and learn from you. Estimates are available at your request. Please feel free to ask for one. We will give our most accurate estimate of costs involved. We ask that all accounts be paid in full when service is rendered.

I am the legal owner or representative of the legal owner of the animal being presented for treatment and I am 18 years of age or older.

Signature:	Date:
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