



REGISTRATION FORM

New Client / Established Client Update

Please complete as much information as you can & print legibly.

Date: _____

<u>Last Name:</u>	<u>First Name:</u>	<u>Title (Mr., Mrs., Jr., etc):</u>
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<i>PLEASE <u>CIRCLE</u> THE PHONE NUMBER YOU PREFER TO BE CONTACTED AT:</i>		
<u>Home Phone:</u>	<u>Work Phone:</u>	<u>Cell/Other:</u>
<u>E-Mail:</u>	<u>Spouse:</u>	
<input type="checkbox"/> <i>We send out email newsletters containing educational material & coupons, please check this box if you do not wish to be added to our newsletter list.</i>	<u>Spouse Cell Phone:</u>	
<u>Drivers License # & State of Issuance:</u>	<u>Spouse Work Phone:</u>	
<u>Employer:</u>	<u>I Was Referred By:</u>	
<u>Are you a previous client?</u> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how long ago?		
▶ ALL PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED ◀		

PET REGISTRATION INFORMATION

<u>Cat's Name:</u>	<u>Breed:</u>	<u>Circle One:</u> Long Medium Short Hair
<u>Color(s):</u>	<u>Age:</u>	<u>Sex:</u> MALE FEMALE
	<u>Date of Birth:</u>	<u>Spayed/Neutered:</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>My cat is (please circle one):</u> INDOOR OUTDOOR BOTH		
<u>Is your cat...</u>		
Declawed? YES <input type="checkbox"/> NO <input type="checkbox"/> Front <input type="radio"/> All four <input type="radio"/>		
Microchipped? YES <input type="checkbox"/> NO <input type="checkbox"/> We highly recommend microchipping. 😊		
Tested for feline leukemia (FeLV) or FIV ? YES <input type="checkbox"/> NO <input type="checkbox"/> Result of test? _____		
Has your cat received any of the following vaccines: FVRCP <input type="checkbox"/> FeLV <input type="checkbox"/> Rabies <input type="checkbox"/> FIP <input type="checkbox"/>		
Date(s) of vaccines: _____		
Has your cat ever had a vaccine related reaction? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does your cat have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> List allergies: _____		
Is there anything else we should know about your cat? <i>(Feel free to use the back of this form.)</i> _____		

CLIENT SIGNATURE: _____