



PURR-SONAL CARE CAT CLINIC

Dr. Julie Kramer, DVM

NEW CLIENT FORM

Date _____

Name _____

Phone _____

Address _____

Cell Phone _____

City _____ State _____ Zip _____

Spouse's Name _____

Work Phone _____

Spouse's Work Phone _____

Place of Employment _____

Spouse's Employer _____

Driver's License Number (required) _____

Social Security # (required to pay by check) _____

Email Address _____ Would you like to receive information, including our newsletter, by email? (We do not give out your email address to **ANY** third parties) ____ Yes ____ No

Preferred method of payment? ____ Check ____ Cash ____ Credit Card ____ Debit Card ____ Care Credit

Do you have pet insurance? If so, which company is your policy through? _____

How did you become aware of our clinic? ____ Front Sign ____ Newspaper ____ Phone Book ____ Website ____ Facebook ____ Recommendation

If referred by a client, who should we thank? _____

PATIENT INFORMATION

Cat's Name _____ Date of Birth _____ Breed _____ Color _____ Sex _____

Spayed/Neutered? Yes No De-clawed? Yes No If yes, 2 or 4 Does your cat go outside? Yes No Microchip? Yes No

Was your cat seen by a previous veterinarian? _____ If so, who? _____

**If you know the dates your cat had the following procedures/vaccinations, please fill in:

Rabies _____ Distemper (FVRCP) _____ Leukemia _____ Leukemia TEST _____ Stool check _____

Our cat(s) is (check all that apply): ____ Member of our Family ____ Child's Cat ____ Backyard Cat ____ Barn Cat

What food does your cat currently eat? Please include the brand. _____

Is your cat currently on any medications? _____

Does your cat have any serious illness, past major surgeries or allergies? _____

2nd Cat's Name _____ Date of Birth _____ Breed _____ Color _____ Sex _____

Spayed/Neutered? Yes No De-clawed? Yes No If yes, 2 or 4 Does your cat go outside? Yes No Microchip? Yes No

Was your cat seen by a previous veterinarian? _____ If so, who? _____

**If you know the dates your cat had the following procedures/vaccinations, please fill in:

Rabies _____ Distemper (FVRCP) _____ Leukemia _____ Leukemia TEST _____ Stool check _____

We look forward to building a meaningful relationship with your cat and your family so that we can provide the best possible care available. Thank you for choosing us to care for your loved one!

****Returned check fee: \$25.00****

Any unpaid balances are charged 24% APR plus all legal and collection costs until the balance is paid in full.

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED!

Signature

Date

Your signature indicates the information above is correct and you understand our account policy.