



PURR-SONAL CARE CAT CLINIC

Dr. Julie Kramer, DVM

NEW CLIENT FORM

Name _____ Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____ Cell Phone _____
 Work Phone _____ Spouse's Name _____
 Place of Employment _____ Spouse's Phone _____
 Spouse's Employer _____
 Email Address _____

Preferred method of payment? _____ Cash _____ Credit Card _____ Debit Card _____ Care Credit

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

How did you hear about us? _____ Front Sign _____ Online Search _____ Phone Book _____ Website _____ Facebook _____ Personal 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 Microchipped? 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 _____

Photo Release Form

I grant to Purr-Sonal Care Cat Clinic (PCCC), its representatives and employees the right to take photographs of me and/or my cat, and to copyright, use and publish the same in print and/or electronically. I agree to the use of such photographs of me and/or my cat with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- PCCC may take photos of me and/or my cat PCCC may **NOT** take photos of me and/or my cat

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 purr-baby!

Any unpaid balances are charged 24% APR plus all legal and collection costs until the balance is paid in full. Returned check fee: \$25.00

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.