



A Cat's View Veterinary Hospital New Patient Form



Owner's Information ("Owner" is financially responsible for the pet)

Last Name: _____ First Name: _____

Owner Birthdate (required by the DEA for controlled substance prescriptions): _____

Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about us? _____

Telephone Number: (_____) _____ Email: _____

Alternate Contact

Last Name: _____ First Name: _____

Relationship to Owner: _____ Telephone Number: (_____) _____

Do we have permission to discuss treatment, laboratory results, diagnosis, and financial information with this contact? ☒ Yes ☐ No

Patient Information

Patient Name: _____ Breed: _____

Sex: _____ Color: _____ Birthdate or Age: _____

How long have you owned your cat? _____ Is your cat spayed/neutered? _____

- In admitting my cat(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of A Cat's View Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostics or surgical procedures as deemed necessary. **Initial** _____
- It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. **Initial** _____
- Further, I understand that a deposit of *at least* 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications may arise. I understand that I will be contacted prior to treatment, if possible, should complications arise. **Initial** _____
- I authorize A Cat's View Veterinary Hospital to use images and videos of my cat for social media and promotional services. *Email us a picture of your kitty to acatsviewvet@gmail.com for a personal touch to their medical record* **Initial** _____

Signature: _____ Date: _____