



Cat Hospital of Austin
13264 Pond Springs Road
Austin, TX 78729

(512) 258-2024 Fax: (512) 258-8865
www.CatHospitalOfAustin.com

Compassionate Care
For Our
Feline Friends

Thank you for giving Cat Hospital of Austin the opportunity to care for your cats. So that we may become better acquainted, please complete the following information:

Date: _____

CLIENT INFORMATION

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | Last Name | First | Middle |
| Address (No., Street) | | City | State Zip |
| Home Telephone Number () area code | | Work Telephone Number () area code | Other Telephone Number () area code |
| Place of Employment | | Employment Address | |
| Driver's License | | Issuing State | Social Security Number |
| Spouse's Name | | Spouse's Work Number () area code | |
| Spouse's Place of Employment | | Spouse's Employment Address | |
| E-Mail Address | | | |
| If Necessary, May we Call You Work? Self: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| How Did You Become Aware of Our Hospital? | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Inflatable Cat "Tigger" | <input type="checkbox"/> SWBYP Yellow Pages | |
| <input type="checkbox"/> Coupon | <input type="checkbox"/> Hospital Sign | <input type="checkbox"/> Another Veterinarian | |
| <input type="checkbox"/> Internet (circle one): Cat Hospital website, YELP, CitySearch, Other _____ | | | |
| <input type="checkbox"/> Personal Recommendation (Who May We Thank?) _____ | | | |

So That We Are Able to Suit Your Individual Needs – Which Do You Feel Most Applies to You and Your Pets:

Check One:

- I want to learn as much as possible about pet health care, please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I want my pet healthy, but I don't need to know what has been done.

Check One:

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

What is the best time to reach you at home? _____

Previous Veterinary Hospital: _____

Hospital Address & Telephone No. _____

Reason for Leaving: _____

PATIENT INFORMATION

| | Pet #1 | Pet #2 | Pet #3 | Pet #4 |
|--|--------|--------|--------|--------|
| Name | | | | |
| Breed | | | | |
| Colors | | | | |
| Birth Date | | | | |
| Sex | | | | |
| Spayed or Neutered? | | | | |
| Dates Vaccinated: | | | | |
| Rabies | | | | |
| Heartworm Test | | | | |
| Stool Check (Worms) | | | | |
| Dentistry | | | | |
| FVRCP (Distemper) | | | | |
| Feleuk Test | | | | |
| Feleuk Vaccine | | | | |
| On Flea Control? | | | | |
| On Heartworm Preventative? | | | | |
| What type of food do you feed at home? | | | | |

What prior illness or surgery has your pet had that we should know about? _____

Are any of the following a concern to you in your pet's behavior? Please check all that apply.

- Biting/Scratching
 Shedding
 Straying from Home
 House Breaking
 Smell
Excessive Itching
 Wetting/Spraying in House
 Problem Around Children

Who should we notify in an emergency if we are unable to reach you?

ALL FEES ARE DUE UPON RELEASE OF PATIENT. Please indicate your choice of payment.

- Cash
 Check
 MasterCard
 Visa
 American Express

I hereby authorize the release of any prior medical records at other facilities to Cat Hospital of Austin.

Your Signature _____