Cat Hospital
OF AUSTIN

Name: _____ **Pets Name:** _____
First *Last*

Street Address: _____
City *State* *Zipcode*

Unit Number: _____ **Primary phone number:** _____

Secondary Number: _____ **Email Address:** _____

Place of Employment: _____ **Work Number:** _____

If necessary, may we call you at work? ☐ ***Yes*** ☐ ***No***

Authorized user: _____ **Phone number:** _____
First *Last*

Relationship: _____
(Spouse, pet sitter, sibling ect.)

How did you hear about us?

- ☐ Hospital Sign
- ☐ Google
- ☐ Another Veterinarian
- ☐ Social Media *(circle one: Facebook, Instagram, Nextdoor)*
- ☐ Personal Recommendation: _____

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

Preferred method of contact: ☐ ***Call*** ☐ ***Text***

Previous Veterinary Hospital: _____

Hospital Address & Phone Number: _____

Reason for Leaving: _____

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To Best Meet Your Needs – Which Option Fits You and Your Pet(s) Best?

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

Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4
Breed				
Color(s)				
Birthday				
Gender				
Spayed or neutered				
Flea Prevention				
What food do you feed at home?				

What previous illnesses or surgeries has your pet experienced that we should be aware of?

_____

_____

Do you have any concerns regarding your pet's behavior? Check all that apply.

- ☐ Biting/Scratching
- ☐ House Breaking
- ☐ Excessive itching
- ☐ Wetting/spraying in home
- ☐ Straying from Home
- ☐ Shedding
- ☐ Problems around children

In the event of an emergency, who should we get in touch with if we cannot reach you?

_____

Do we have your permission to share photos and videos of your pet on social media? ☐ *Yes* ☐ *No*

I hereby grant permission for the Cat Hospital of Austin to access any previous medical records from other facilities. I acknowledge that all fees must be paid at the time of checkout.

_____

Your Signature *Date*