

CAT FORM

Information about your cat:

Name: \_\_\_\_\_

Color(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

What Breed is your cat?  Domestic Shorthair  Domestic Longhair

Purebred; which breed: \_\_\_\_\_

What is your cat's sex? (please select one)

Male  Neutered Male  Female  Spayed Female  Unknown

How long have you had your cat? \_\_\_\_\_

Where did you get your cat? (please select one)

Pet Store  Shelter  Private Breeder  Other: \_\_\_\_\_

\*\*\*Fox Mill Pets Clients: If you purchased your cat from Fox Mill Pets, will you be continuing to use us as your primary clinic?  Yes  No  Undecided

Where does your cat stay?  Indoors  Outdoors or  Both

Is your cat declawed?  Yes  No

Has your cat had a Tendonectomy?  Yes  No

Does your cat have a microchip?  Yes  No

If yes, what is the microchip number? \_\_\_\_\_

Does your cat have prior medical records at another clinic?  Yes  No

If yes, please provide the following information:

Clinic Name: \_\_\_\_\_

Clinic Number: \_\_\_\_\_

Please list below any allergies, illnesses, or conditions we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccine Site Associated Reactions:

Due to our concern for injection site reactions that may lead to tumors, we have changed our vaccine protocol from the use of a three year rabies vaccine to use Merial's Pure Vax one year rabies vaccine. This vaccine has not been associated with injection site tumors. Owners may still elect to utilize a three year rabies vaccine, and it should be noted that among our patients who have received a three year rabies vaccine, very few have exhibited tumors.

I have read the above statement and understand Reston Animal Hospital's Rabies Vaccine protocol.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Today's Date \_\_\_\_\_

New Client  Established Client

How did you hear about us? (please select one)

Drive By  Shelter  Just Pets  Fox Mill Pets

Phone Book: which phone book? \_\_\_\_\_

Internet: what website? \_\_\_\_\_

Client Referral: \_\_\_\_\_

Regarding the following information, the address listed below is where we will send reminders and updates. If you move or change phone numbers, please contact us so we can keep our records current.

**\*\*\*PLEASE WRITE LEGIBLY\*\*\***

**Information about you, the owner, the party responsible for medical decisions and payment on the account:**

Mr.  Mrs.  Ms.  Dr. Military Rank \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Please let us know which number is best to contact you at:

Home  Cell  Work  Alt. Phone

**Information about your (please select one)  Spouse  Fiancé  Significant Other:**

**\*\*\*This person is authorized to make medical decisions for all pets on account\*\*\***

Mr.  Mrs.  Ms.  Dr.  Military Rank \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Emergency Contact Information:** Someone, if the above listed cannot be reached, who can either reach you, or make medical decisions on your behalf:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Financial Agreement

I am aware that payment is due in full at the time all elective goods and services are rendered. Reston Animal Hospital Does not offer billing and will not carry balances for goods or services for any reason. There is a monthly charge of \$10.00 for any balance not paid in full at time of service.

There is a service charge of \$25.00 for any returned checks.

For any balance due, I understand that I will be responsible not only for the balance due, but for any collection and/or attorney's fees that are incurred in the attempt to collect the debt.

We accept cash, Mastercard, Visa, Discover and American Express cards. There is a minimum charge of \$25.00 for credit card transactions. Checks are only accepted with a valid government issued photo ID.

We require a one hour cancellation notice prior to the appointment time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reston Animal Hospital maintains the following business and medical hours:

Monday through Friday	8:00am to 7:00pm
Saturday	9:00am to 3:00pm
Sundays and Major Holidays	Closed

This informs you that we have no in-house, on duty continuous medical staff care during the following hours. The hospital is quipped with a burglar alarm and a fire detection system,

Monday through Friday	7:00pm to 8:00am
Saturday through Monday	3:00pm to 8:00am

On Saturday, Sunday, and holidays, the kennel personnel provide animal care under professional supervision.

I have read the form and I am aware of the above staffing hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_