



The Cat Hospital of Durham and Chapel Hill

5319 New Hope Commons Drive, Suite 102B
Durham, NC 27707
(919) 489-5142
www.cathospitaldurhamch.com

NEW CLIENT INFORMATION FORM

Date: _____

First and Last Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Employer: _____

Co-Owner/Spouse Name: _____

Co-Owner/Spouse Phone: _____

Co-Owner/Spouse Employer: _____

How have you heard about us? Personal Reference Phone Book Internet Other

Payment Information

Full payment is required for all services rendered. WE DO NOT BILL. A service fee of \$30.00 will be assessed for all returned checks. Any unpaid balance on the account by the end of the month will incur a service charge of 1.5% per month (18.0%) and an account handling fee of \$5.00 per month. Any account with an unpaid balance after 90 days will be referred to a professional collection agency.

Privacy Policy

The Cat Hospital of Durham and Chapel Hill does not share client or patient information with any third party unless we are listed as a reference or the information is required by law enforcement/animal control. Being listed as a reference will be considered consent to release medical records to the party requesting the reference.

I have read the payment information and privacy policy.

Please email completed documents to durhamcatvet@gmail.com