

The Cat Care Clinic  
 2638 N. Tustin St.  
 Orange, CA 92865  
 (714) 282-2287



# New Patient Information Form

Welcome to The Cat Care Clinic. Our staff is dedicated to high quality patient and client care and will do its utmost to make your visit a great experience. Please feel free to ask any questions concerning your cat's treatment or clinic policies. To help us serve you better, please provide us with the following information:

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Drivers License # \_\_\_\_\_

Email Address \_\_\_\_\_  
 (Very Important for Reminders and Health Alerts!)

**How did you find out about The Cat Care Clinic?** (circle) Drive By Shelter Google Rescue Group Yelp Shelter Rescue Group Bing Yellow Pages Facebook Yellowpages.com CATCARE.com Yellowpages.com OC Register Personal Recommendation: \_\_\_\_\_ Other: \_\_\_\_\_

Patient Information	Cat #1	Cat #2	Cat #3
Name			
Breed			
Date of Birth			
Color			
Sex: (circle)	Female Male Spayed Neutered	Female Male Spayed Neutered	Female Male Spayed Neutered
Date of Vaccinations for Cats	FRCP		
	FeLV		
	Rabies		
	Other_____		
FELV / FIV Tested?			
Microchip #			
Where did you acquire your cat? (Friend, Shelter, Breeder...)			

Previous Veterinary Info: Name: \_\_\_\_\_ Hospital \_\_\_\_\_  
 Phone: \_\_\_\_\_

My signature acknowledges that payment is expected at time of services rendered \_\_\_\_\_  
 Signature of Owner or Agent

**Finance Charges will be assessed to over due balances.**