

P.O. Box 330  
Germantown, MD 20875



www.acatclinic.us  
301-540-7770

Welcome to A Cat Clinic! Please fill out this information sheet for our files.

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

Mr./Mrs./Ms./Dr. \_\_\_\_\_  
Last Name First Name

Email address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Home/Cell/Work

Secondary Telephone Number: \_\_\_\_\_ Home/Cell/Work

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

City/State/Zip Code: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

How did you hear about us? Sign/Location  Newspaper  Facebook  Yellow Pages  Our Website

Local search site , which one? \_\_\_\_\_ Other, please specify  \_\_\_\_\_

If you were referred through a personal recommendation, whom may we thank? \_\_\_\_\_

In utilizing social media efforts, we may want to share a picture or video of your adorable kitty.

**We will not use your name or personal information, only your kitty's first name.**

Please let us know if you: Authorize / Decline \_\_\_\_\_ picture usage on A Cat Clinic's media platforms.  
(Initials)

We do not bill. Payment is expected at the time services are rendered. We accept cash, personal checks, VISA, MasterCard and Discover. The full balance must be paid when your pet is discharged from A Cat Clinic.

I have read and will comply with A Cat Clinic's payment policy \_\_\_\_\_ (Initials)

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Do we have your authorization to obtain your cat's medical history from your previous veterinarian? Yes / No

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

Location: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Male  Neutered  Female  Spayed  Declawed? No  Yes

- My cat stays inside 100% of the time.
- My cat doesn't go outside but we have screen door/windows.
- My cat spends some time on my balcony/patio but never has contact with outdoor cats.
- My cat goes outside and may have contact with other cats.

**DIET:** Please describe your cat's daily diet, including brand and amount received on a daily basis.

Canned: \_\_\_\_\_ Dry: \_\_\_\_\_

Other (including table food): \_\_\_\_\_

**Please describe any known allergies or major medical problems:** \_\_\_\_\_

Do you have other pets at home? Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other: \_\_\_\_\_ Over →

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