



PATIENT/CLIENT INFORMATION

Chicago Cat Clinic 5301 West Devon Avenue, Chicago, Illinois 60646, (773) 631-5300

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs better by taking a moment to complete this information sheet.

Today's Date _____

Owner's Name Mr. _____
 Mrs. _____
 Ms. _____ (LAST) _____ (FIRST)

Address _____ City _____ State _____ Zip _____

Telephone Home _____ Work _____ Cell _____

Employer's Name _____

Address _____ City _____ State _____ Zip _____

Spouse/Other Mr. Mrs. Ms. _____

Spouse's/Other's Employer Name _____

Address _____ City _____ State _____ Zip _____

Telephone Home _____ Work _____ Cell _____

PATIENT INFORMATION

Cat's Name _____ Birthdate _____ Sex _____

Breed _____ Color _____

Diet _____ Type of litter used _____

FelV Test Date _____ Results _____ FIV Test Date _____ Results _____

Long Hair Short Hair Microchip Number _____

Spayed Castrated At approximately what age _____

If declawed: Front Paws All 4 Paws At what age _____

Date of last Vaccination: Distemper _____

Rabies _____

Feline Leukemia _____

PLEASE COMPLETE REVERSE SIDE
THANK YOU

What prior illnesses, surgery, or drug allergies should we know about?

How did you first hear of our hospital?

_____ Individual Name _____

_____ Hospital sign _____ Another veterinarian (Referral) _____

_____ White Pages _____ Chicago Yellow _____ Neighborhood yellow _____ Alternative phone book

Other _____

PAYMENT POLICY: We accept cash, Visa, Mastercard, Discover, American Express and Travelers checks.

If you pay by check, please complete the following:

Driver's license number _____ State _____

I UNDERSTAND THAT ALL PROFESSIONAL AND HOSPITAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND MUST BE PAID IN FULL. I ACKNOWLEDGE THAT A DEPOSIT MAY BE REQUIRED FOR ANY PATIENT NEEDING TO BE HOSPITALIZED.

Owner's Signature _____

We will gladly prepare a written estimate if you desire. Please ask the doctor.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

Owner's Signature _____

Comments: