



Welcome to the Cat Clinic of Folsom

Thank you for choosing us to care for your cat's health needs. Please take the time to fill in this form completely.

Owner: _____
Co-Owner: _____
Occupation: _____ / _____
Address: _____
City: _____ Zip: _____
Phone # Home: _____ Cell: _____
Work: _____

Preferred method of reminder communication: Email Text Postcard

E-mail Address: _____
Your email address will be for in clinic use only, and will not be given to any outside entity.

If referred, by whom: _____

Cat's Name: _____ Breed: _____ Color: _____

Birth Date or Age _____

Please circle those that apply: Male/Female, Neutered/Spayed, Indoor/Outdoor/Both

Current food and amount: _____

List any Medications/Medical Conditions/Allergies: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the cats I have listed. I assume responsibility for all charges incurred and understand that these charges must be paid at the time of service and that a deposit may be required.

Owner Signature: _____ Date: _____

Driver's License Number: _____ Exp: _____