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Thank you for choosing Cat Care of Fayette! Please fill out the following so that we

may create a medical file for your pet(s):

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner Yes No Co-Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Reminders via email? Yes No

Home Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

***Please provide your driver’s license at this time. A copy will be placed in your file for payment purposes.***

**Cat Care of Fayette has permission to use my pet’s picture for social media/website posts.** □Yes □No

**If so,, do you need a claim form? Yes**

|  |  |
| --- | --- |
| Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male: Neutered Intact Do Not KnowFemale: Spayed Intact Do Not KnowBirth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed: Domestic Shorthair Domestic Mediumhair Domestic Longhair Purebred: \_\_\_\_\_\_\_\_\_\_\_\_  Color(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strictly Indoor Indoor/Outdoor Strictly OutdoorPrevious Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_Vaccines: Current Update Today Do Not KnowHow long have you owned your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resuscitation: □ Yes I authorize □ No, I do not authorize\*See explanation below | Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male: Neutered Intact Do Not KnowFemale: Spayed Intact Do Not KnowBirth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed: Domestic Shorthair Domestic Mediumhair Domestic Longhair Purebred: \_\_\_\_\_\_\_\_\_\_\_\_  Color(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strictly Indoor Indoor/Outdoor Strictly OutdoorPrevious Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_Vaccines: Current Update Today Do Not KnowHow long have you owned your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resuscitation: □ Yes I authorize □ No, I do not authorize\*See explanation below |

**Resuscitation**

I hereby authorize the Doctors and the staff of Cat Care of Fayette to attempt advanced life saving measures in the case of respiratory and/or cardiac failure. I understand that even though these measures are taken, the doctors and the staff of Cat Care of Fayette may not be able to successfully resuscitate my pet.

I also understand that I am responsible for the incurred costs for the advanced life saving measures. In the event that my pet needs advanced life saving measures, Cat Care of Fayette will make every attempt to contact me for authorization of further treatment once my pet is stabilized. ($200-$300)

I understand that my expressed wishes on this form will be considered a standing request while I am a client of Cat Care of Fayette. If at any time I desire to change my wishes, I will do so in person by signing the appropriate forms before any standard treatments are rendered.

**If so,, do you need a claim form? Yes**

**Payment Policy:** Payment is expected at the time of service. We accept Cash, Debit Cards, Visa, Master-Card, Discover and American Express. Although no one likes financial surprises, it is sometimes impossible to give an accurate estimate before services are rendered. However, we will make every effort to keep you informed of your account balance.

 **I understand that by my signing below I am accepting responsibility for all debts incurred.**

Signature of Owner/Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_