



Client Registration

Welcome to Just Cats Veterinary Clinic

We encourage pet responsibility in young people; however, the person who is responsible for payment is considered the owner. Owners must be over 18. Please complete the information below. Please print.

Owner's name: _____
Last First

Spouse or co-owner's name: _____
Last First

Mailing address: _____

Home phone: _____ Business phone: _____

Cell phone: _____ Employer's name: _____

E-mail address: _____

All fees are due at the time of service or when the patient is released. Written estimates will be provided at your request. A deposit prior to treatment may be required.

We accept cash, checks, debit cards, MasterCard, Visa, Discover, and American Express.
Driver's license number and state of issue: _____

How did you select our clinic (Star Directory, Yellow Pages, friend, neighbor, internet, sign, etc.)? Please be as specific as possible. If you were referred to us by one of our clients, please give us her/his name so we can thank them:

I understand that my signature below implies that all of the above information is correct and current.

Signature

Date

Thank you for choosing Just Cats Veterinary Clinic for your pet's care!!



Please tell us a little about your cat

NAME _____ Breed _____ Color _____

Sex _____ Spayed/Neutered? _____ De-clawed? _____

Date of birth or Age _____ Indoor _____ Outdoor _____ Both _____

If needed, may we contact your last veterinarian? _____

Name and address or phone # with area code _____

Does your cat have a history of?

Diarrhea _____

Vomiting _____

Weight Loss _____

Loss of appetite _____

Increase in water consumption _____

Skin problems / loss of hair / itchiness _____

Urinating or defecating outside of the litter box _____ Which one? _____

Is your cat currently on any medication? _____

Please list _____

Is it easier to give your cat tablets _____ liquid _____ flavored chew tabs _____?

What does your cat eat on a normal day? Dry food/Canned food? Amount?
