



Client Registration

Owner Name: _____ Spouse/Partner/Other Name: _____

Is the above person 18 yrs or older, & able to make decisions for your pet? Yes No

Please check preferred number: Home phone: _____ Cell phone: _____ Work phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address : _____ Would you like to receive our e-newsletter with specials, updates, & news? Yes No

How did you hear about us? Website Facebook Location Google Yelp Impact Directories Boise Weekly
 Referral/Name _____ Other: _____

Patient Health History

Cat's Name: _____ Sex: Male Neutered Female Spayed Birthdate/age: _____

Breed: _____ Color: _____ Indoor Outdoor Both Declawed? Yes No

Date of last vaccines: FVRCP(1 or 3 year): _____ FeLV: _____ Rabies (1 or 3 year): _____ Deworm/Antiparasitic: _____

Date of last FIV/FelV test: _____ Results: _____ Microchip ID # _____ Other pets ? _____

Please check any symptoms or problems you have noticed about your cat.

- | | | |
|---|---|---|
| <input type="checkbox"/> Activity level (increase/decrease) | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching furniture, etc. |
| <input type="checkbox"/> Appetite (increase/decrease) | <input type="checkbox"/> Drinking water (increase/decrease) | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Eye discharge | <input type="checkbox"/> Urination (outside of box, straining, increase/decrease) |
| <input type="checkbox"/> Behavior Problems (ex. Aggression, Hiding) | <input type="checkbox"/> Licking/scratching skin | <input type="checkbox"/> Vocalization (increase/decrease) |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Losing fur, bald patches | <input type="checkbox"/> Vomiting |

Other concerns _____

Significant health history _____

Current medications _____

Current diet & treats _____

Authorization



We love to photograph and feature pictures of our patients in various social networking formats (like Facebook) and online media.

May we have permission to use images we've taken of your cat? Yes, please-my cat is a star! No, thank you—my cat is shy.

The above information is accurate and true to the best of my knowledge and I hereby authorize the veterinarians at Boise Cat Clinic to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care of this animal, and agree that these charges will be paid in full at the time of release.

Signature of owner (must be 18yrs or older) _____ Date: _____

Method of payment: Cash, Visa, MasterCard, Discover, Personal Checks with valid ID, Care Credit

For Office Use Only Scan/Attach Check In Form to medical record Database updated with all client/patient info Email address added to list
 Welcome Card started Referral Credit applied Referral Thank You email sent New Client Survey sent Reminders addressed