

# New Client Registration



First & Last Name:

Owner Email:

Owner Address (Street, City, Zip):

Owner Cell / Preferred Phone (Including Area Code):

Owner Work Phone (Including Area Code):

Pronouns? (Optional):

**Spouse/Partner/Other** (Must be 18 years or older and able to make decisions for your pet)

Spouse/Partner/Other Name:  Relationship:

Spouse/Partner/Other Cell Phone Number:

Spouse/Partner/Other Email Address:

**How did you hear about Boise Cat Clinic?**

- |                                |                                     |   |
|--------------------------------|-------------------------------------|---|
| <input type="radio"/> Website  | <input type="radio"/> Location/Sign | <input type="radio"/> Other Veterinary Hospital |
| <input type="radio"/> Google   | <input type="radio"/> Nextdoor      | <input type="radio"/> Other (Explain Below):    |
| <input type="radio"/> Facebook | <input type="radio"/> Friend/Family | <input type="text"/>                            |

**I intend to use the following payment method(s)**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="radio"/> Credit/Debit Card (We accept<br>Visa, MC, Discover, AMEX) | <input type="radio"/> Personal Check       | <input type="radio"/> Care Credit |
| <input type="radio"/> Apple/Samsung/Google Pay                                  | <input type="radio"/> Cash (Must be exact) | <input type="radio"/> Scratchpay  |

**New Patient Information**

Patient Name:

Patient Sex:  Male    Male Neutered    Female    Female Spayed

Patient Breed:  DSH (Domestic Shorthair)    DMH (Domestic Mediumhair)    DLH (Domestic Longhair)

Other:

Coat Color (ex. brown tabby with white):

Patient Age:

Patient Birthday (if known):

Where did you adopt/purchase your cat from?

**Prior Veterinary Clinics/Shelter** (This gives Boise Cat Clinic permission to obtain medical records from the following clinic on behalf of pet owner.)

Prior Veterinary Clinics:

**May we have permission to use images we've taken of your cat on our social networking sites?**

(No last names or personal information used. Just cute cat pictures!):  YES    No

- I 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.

Return form to Boise Cat Clinic, [clientcare@boisecatclinic.com](mailto:clientcare@boisecatclinic.com) or on our mobile app

