



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

<p>Pet's Name: _____</p> <p><input type="checkbox"/> Male: <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know <input type="checkbox"/> Female: <input type="checkbox"/> Spayed <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know</p> <p>Birth Date: _____</p> <p>Breed: <input type="checkbox"/> Domestic Shorthair <input type="checkbox"/> Domestic Medium hair <input type="checkbox"/> Domestic Longhair <input type="checkbox"/> Purebred: _____</p> <p>Color(s): _____</p> <p><input type="checkbox"/> Strictly Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Strictly Outdoor</p> <p>Previous Vet: _____</p> <p>Phone Number: (_____) _____ - _____</p> <p>Vaccines: <input type="checkbox"/> Current <input type="checkbox"/> Update Today <input type="checkbox"/> Do Not Know</p> <p>How long have you owned your pet? _____</p> <p>Resuscitation: <input type="checkbox"/> Yes I authorize <input type="checkbox"/> No, I do not authorize *See explanation below</p>	<p>Pet's Name: _____</p> <p><input type="checkbox"/> Male: <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know <input type="checkbox"/> Female: <input type="checkbox"/> Spayed <input type="checkbox"/> Intact <input type="checkbox"/> Do Not Know</p> <p>Birth Date: _____</p> <p>Breed: <input type="checkbox"/> Domestic Shorthair <input type="checkbox"/> Domestic Medium hair <input type="checkbox"/> Domestic Longhair <input type="checkbox"/> Purebred: _____</p> <p>Color(s): _____</p> <p><input type="checkbox"/> Strictly Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Strictly Outdoor</p> <p>Previous Vet: _____</p> <p>Phone Number: (_____) _____ - _____</p> <p>Vaccines: <input type="checkbox"/> Current <input type="checkbox"/> Update Today <input type="checkbox"/> Do Not Know</p> <p>How long have you owned your pet? _____</p> <p>Resuscitation: <input type="checkbox"/> Yes I authorize <input type="checkbox"/> No, I do not authorize *See explanation below</p>
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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.

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:** _____