



TAUNTON • *Cat* • HOSPITAL



Welcome! Thank you for giving us the opportunity to care for your cat. We'll be happy to answer any questions you have about your cat's health. To insure the best care possible, please take the time to fill out this form completely. Thank you!

Owner's Name _____ Date _____

Address _____

Town _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Secondary Contact Name _____ Phone _____

Relationship to Owner _____

Email Address _____

Pet Information (fill out as completely as possible)

Name: _____

Approximate Date of Birth: _____

Sex (circle one): Neutered Spayed Male Female

Breed (circle one): Long Hair Medium Hair Short Hair Other (Specify): _____

Color: _____

How much time does your cat spend outdoors (percentage)? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describe pet. I assume responsibility for all charges incurred for the care of my pet. I also understand that these charges will be paid at the time of release, and that a deposit may be required for certain treatments and/or hospitalization.

Signature of Owner: _____