



Veterinarians To Cats Patient and Client Information

Thank you for giving us the opportunity to care for your cat. So that we may become better acquainted, please complete the following:

Owner _____ Spouse/Other _____
Last First MI Last First MI

Owner's social security # _____ Spouse/Other social security # _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ / _____ Work Phone _____ / _____
Owner Other Owner Other

Place of Employment _____ Address _____

Spouse/Other Place of Employment _____ Address _____

IN CASE OF EMERGENCY, please call _____ at phone number _____

Name of person responsible for payment on this account _____
Please Print

I agree to be responsible for all costs related to any collection of my account including attorney's fees in the amount of thirty-three and one-third percent (33.3%) of the outstanding balance at the time a collection attorney contacts me, which I hereby agree is reasonable. I further agree to pay interest at the rate of one and one-half percent (1.5%) or \$4.00 per month (whichever is greater) on any amount due Veterinarians To Cats, Ltd., which remains unpaid thirty (30) days after its due date.

Signature of Responsible Party _____ Date _____

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. FOR YOUR CONVENIENCE WE ACCEPT: CASH CHECKS VISA MASTERCARD DISCOVER CARE CREDIT

How did you become aware of our hospital? ___ Yellow Pages ___ Hospital Sign ___ Other
 ___ Personal Recommendation...Who may we thank? _____

NAME _____ BREED _____ COLOR _____
 DATE OF BIRTH _____ MALE _____ FEMALE _____ SPAYED/NEUTERED ___ yes ___ no
 Is this cat allowed? ___ indoors and/or ___ outdoors

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VETERINARIANS TO CATS

Veterinarians To Cats is a full service hospital, however, we are unable to provide around the clock supervision for most cases within our hospital and boarding facility. We are staffed (at least) 8 a.m. to 5:30 p.m. Monday through Friday; and 8:30 a.m. to 12 noon on Saturday. Veterinarians and/or other staff members also observe, feed, and care for your cat(s) at least once on Saturday evening and twice on Sunday. You may transfer your cat to Emergency Veterinary Services of Roanoke for observation and care during the hours we are closed and therefore not staffed. (There is a fee payable to EVSR for this service.)

I understand that Veterinarians To Cats is not staffed 24 hours daily.

Signature _____ Date _____ Chart # _____