



MODERN MEDICINE

COMPASSIONATE CARE

Client Registration Form

Client's name: _____ Spouse/Other: _____

Address: _____ City, State, Zip: _____

Home ph #: _____ Cell ph #: _____ Other ph #: _____

Employer: _____ Work ph #: _____

Email: _____

Driver's License #: _____ State: _____ Social Security #: _____

Person who has permission to authorize any medical treatment in your absence:

Name: _____ Relationship: _____ Phone #: _____

🐾 OTHER CATS AND/OR DOGS IN HOUSEHOLD 🐾

Name	Breed: Short, Medium or Long Hair or Specific Breed	Color/ Markings	Date of Birth	Sex	Spayed/ Neutered
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N
				M / F	Y / N

To add information or additional pets, please use other side ➔

Name and phone number of previous veterinarian where we may obtain your pet's records and vaccine history:

Name: _____ Phone #: _____

**I assume all responsibility for all charges incurred in the care of this cat.
I also understand that these charges will be paid at the time of release and that I may be required to prepay for some or all of extended care or surgical treatment.**

Brick City Cat Hospital accepts: Cash • Check • MasterCard • Visa • Discover • American Express • CareCredit

Signature: _____ Date: _____

**We want to thank you for choosing BRICK CITY CAT HOSPITAL for your cat's care.
Please tell us if you have any suggestions on how we may improve our service.
Our cats and clients are very important to us!**

BRICK CITY CAT HOSPITAL
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