



Cato's Catopia

Client Information Sheet

Today's Date _____

Pet(s) Name (s) _____

Owner of Pet _____

Address _____

Home phone () _____ Work phone () _____

Cell phone () _____ **Emergency phone ()** _____

Spouse's name _____ Spouse's Cell phone () _____

Veterinary Clinic / Veterinarian _____

Veterinary Phone _____

How did you hear about us? _____

Does your cat have any known allergies? _____

Does your cat have a diagnosed medical condition? _____

Is your cat Spayed or Neutered? _____

Has your cat had any major surgeries, and when were they performed? _____

Has your cat ever bitten a person? _____

Is your cat known to climb a fence? _____

Cat shown signs of aggression? _____

PAYMENT POLICY: Payment is due upon checkout. You may pay by cash, or credit card (Visa or Mastercard). Our office does not provide payment plans.

By signing below, I understand that I am responsible for charges incurred for boarding my cat(s), and that payment of the entire balance is due upon release of the cat(s)

If for any reason my method of payment is declined, I understand that I am responsible for applicable fees, charges and collection expenses incurred.

Signature: _____

Date: _____

Permission to Authorized Emergency Therapy: In case of an emergency

If you are unavailable, who else may we contact regarding your pet's medical treatment?

Name of Relative or Friend _____

Home Phone () _____ Cell Phone () _____

Our staff strives to provide the best care possible for your cat(s). Should there be a medical emergency and we are unable to contact you or a contact person, by selecting one of the following options you will help us determine the necessary treatment for your cat. Emergencies can be costly due to extensive treatments and medications. Please understand most medical emergencies will involve fees in excess of \$150.00

Up to \$150.00 _____ \$150.00 to \$300.00 _____ \$300.00 to \$500.00 _____

\$500.00 to \$1000 _____ Any amount Necessary _____