

Welcome to Corvallis Cat Care!

Your Name: _____

Spouse / Significant Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (If Different): _____

Primary Phone Number: _____ Type: Home / Cellular / Work

Secondary Phone Number: _____ Type: Home / Cellular / Work

Emergency Contact: _____

E-mail Address: _____

How did you hear about Corvallis Cat Care?

Hospital Sign / Website / Facebook / Search Engine / Humane Society / Yellow Pages / Dex / Yelp / Animal Crackers Pet Store

If referred, whom may we thank? _____

Your pet(s):

Name: _____ Birthdate/Age: _____ Sex: _____

Spayed/Neutered? _____ Species: Cat / Dog / Bird / Other: _____

Breed: _____ Color/Markings: _____

Pet Insurance? Yes / No

Name: _____ Birthdate/Age: _____ Sex: _____

Spayed/Neutered? _____ Species: Cat / Dog / Bird / Other: _____

Breed: _____ Color/Markings: _____

Pet Insurance? Yes / No

Name: _____ Birthdate/Age: _____ Sex: _____

Spayed/Neutered? _____ Species: Cat / Dog / Bird / Other: _____

Breed: _____ Color/Markings: _____

Pet Insurance? Yes / No

Please initial on each blank and sign below:

_____ **I understand that payment is due at the time of service.**

_____ **I understand that for the protection of my cat and myself, they must always be in an enclosed carrier when entering or leaving the clinic.**

Signature: _____ Date: _____

Signature: _____ Date: _____