



Patient/Client Information

Welcome to Lighthouse Veterinary Care for Cats! Thank you for giving us the opportunity to care for your beloved cat. Please help us meet your needs better by taking a moment to complete both sides of this information form.

Your Name (Last, First) _____

Address _____ City _____ State _____ Zip _____

Best Phone number (____) _____ (cell/phone/work - circle)

Alternate Phone number (____) _____ (cell/phone/work- circle)

Email Address _____

Spouse/Other Responsible party _____

Spouse/Other Phone number _____ Email _____

Employer _____

Spouse's Employer _____

Your Driver's License number _____ State _____ Expiration date _____

Your Birthdate (this is required if Controlled medication is prescribed) _____

How did you first learn of our services? We would like to thank any individual who referred you.

Referred by (i.e. Name of person, or Google, Yelp, Facebook, etc) _____

Can we use your cat's photo on social media posts? Yes/No (circle)

Can we send you email & text reminders/correspondence related to your cat's care? Yes/No (circle)

At your request we will gladly discuss cost of services and/or prepare a written estimate for recommended treatments.

Professional fees are due at the time services are rendered. Billing is not available
We accept Cash, Checks, Visa, MasterCard, Discover, American Express, Care Credit & PayPal.
There is a \$50 fee for returned checks.

I attest that I am the owner or authorized agent responsible for the care of the pet(s) presented. I hereby authorize the attending veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred for the care of all of my pets within my file. I also understand that these charges will be paid at the time of release and a deposit of 50% may be required for surgical treatment and hospitalization. I also understand and agree to a \$3.50 Billing charge and the responsibility for any collection charges for a balance due for any reason.

Signature _____ Date _____

Owner/Authorized agent

On the Back of this form, please tell us a little bit about your cat



Pet Identification and Medical Information

	Pet #1	Pet #2	Pet #3
Name			
Species	Feline	Feline	Feline
Breed			
Description/Color			
Date of Birth/Age			
Male/Female; Altered? Y/N			
Previous Veterinary Hospital			
Last Date of Vaccinations:			
FVRCP			
Rabies			
FELV			
Any other Vaccines? Date?			
Known Allergies			
Current Medications			
Prior Illness/Accidents			
Prior Surgery/Dentistry			
Special Diet			
Monthly Flea/Heartworm Prevention			

****Please list details to any information listed above or anything else you would like us to know**
