

Larkspur Cat Clinic

2915 W Cactus Road
Phoenix, AZ 85029
602-548-1899/fax 602-548-2364

New Patient Information

Cat's Name: _____ Cat's Age _____

Owners Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Cats Gender: *please circle* Neutered Male Spayed Female Male Female

Cats Color: _____ How long have you had your cat? _____

What previous illnesses has your cat had? _____

Does your cat have a microchip? Yes No Microchip # _____

Is your cat currently on any medications? Yes No Please list _____

Are vaccinations current? Yes No Date of last vaccinations _____

Does your cat live: Indoors Outdoors Both

Is your cat experiencing any problems currently? Yes No

If yes, briefly describe: _____

FINANCIAL RESPONSIBILITY:

I understand that I will be expected to pay for services at the time of each visit. I further agree to pay all finance charges, collection costs, attorney fees, and other costs that may be incurred to enforce collection on any amounts outstanding.

I authorize the doctors and staff to perform life saving treatments in the event I cannot be reached. I release forever, the veterinarians, staff, agents and/ or representatives of Larkspur Cat Clinic from any and all liability associated with treatments, procedures or surgeries performed there.

Signature _____ Date _____

Notice: Animals are not attended overnight.