

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

New Client Information

Owners Name: _____

Address: _____

City, St, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Spouse/Other: _____ Work Phone: _____ Cell Phone: _____

At what time _____ and at what phone number _____ is it best to call about your cat?

E-Mail Address: _____

In an EMERGENCY, Please call _____ at phone # _____

How did you hear of our hospital? *Please check **all** that apply:*

_____ Larkspur Cat Clinic Website _____ Hospital Sign _____ Yellow Pages

_____ Individual, Whom may we thank? _____

FINANCIAL RESPONSIBILITY:

SSN _____ Drivers License # _____

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.