

client information form

*** At this time we are only seeing curbside and drop off appointments ***

We are offering curbside appointments with the options of:

- Phone Call (speakerphone during the exam)
- Video Chat via the website doxy.me (link will be provided)

Drop off appointments will be contacted via phone after the exam

If you are a *new client*, welcome! We look forward to meeting you! Please fill out the form below so that we can update your account in our computer system.

If you are a *current client* and your information has changed, you can also submit this form so that we can make sure we have your best contact information.

Thank you for your cooperation in letting us assist you.

PRIMARY OWNER'S NAME (Required)

First Name (Required)

Last Name (Required)

Salutation (Required)

- Ms.
- Mrs.
- Mr.
- Dr.

ADDRESS (Required)

Street Address (Required)

City (Required)

State/Province (Required)

Zip/Postal Code (Required)



CONTACT INFORMATION *(Required)*

Phone Type

Phone Number *(Required)*



Email Address *(Required)*

May we send you text messages? *(Required)*

Yes

No

What is your preferred method of contact? *(Required)*

Phone

Text

Email

Occupation *(Required)*

Company *(Required)*

Please tell us how you heard of us?
(Required)

SECONDARY OWNER'S NAME

First Name

Last Name

Salutation

Ms.

Mrs.

Mr.

Dr.

SECONDARY CONTACT INFORMATION

Phone Type

Phone Number



Email Address

What is their relationship to you?

PATIENT INFORMATION *(Required)*

Cat's Name *(Required)*

Age: Years, Months *(Required)*

Breed *(Required)*

What is the sex of your cat? *(Required)*

- Female
- Male

Spayed/Neutered *(Required)*

- Spayed
- Neutered
- N/A

Are your cat's vaccines current? *(Required)*

- Yes
- No

Do you have your cat's medical records? *(Required)*

- Yes
- No

May we request your cats medical records from another veterinary practice? *(Required)*

- Yes
- No

Name of former veterinary practice

May we use any images of your pets we obtain on our social media sites, anonymously? *(Required)*

- Yes
- No

May our employees share pictures of your cat taken in the clinic on their personal website and social media sites? *(Required)*

- Yes
- No

Please list any additional pets you may have:



Due to the COVID-19 prevalence, we want to ensure your safety and that of our team. Please answer yes/no to these questions:

*Please note: Answering yes does NOT prohibit your pet from being seen if they are ill but allows us to put appropriate safety parameters in place for our team and doctors.

Do you, or someone in your household, have symptoms consistent with COVID-19, a fever, cough or difficulty breathing?

- Yes
- No

Have you, or someone in your household, been exposed to someone who has tested positive for COVID-19?

- Yes
- No

****IMPORTANT****

If you have not already scheduled an appointment, please call the clinic and fill out and submit the *Appointment Patient History Form*.