NEW CLIENT INFORMATION

WELCOME TO KILLARNEY CAT HOSPITAL!

OWNER		SPOUSE, AGENT	
Last name	Mr. Mrs. Ms. Miss	Last name	Mr. Mrs. Ms. Miss
First Name		First Name	
Address		Address	
City	Postal code	City	Postal code
Home phone		Home phone	
Cell phone		Cell phone	
Work phone		Work phone	
Employer		Employer	
Home e-mail address		Home e-mail address	
Work e-mail address		Work e-mail address	

In case of emergency, please call_____ at tel. number_____

On a scale of 1 to ten (10 being maximum) please express your relationship with your cat in terms of perceiving it as a member of my family.
Animal is an animal (min) **1 2 3 4 5 6 7 8 9 10** (max) my cat is my family

How did you learn of our hospital? (Please check as many as apply) Yellow pages___ Friend referral___ Hospital sign _____
Community _____ Newsletter _____ Internet _____ Other (please specify_____
If a referral, whom may we thank for recommending our practice? _____

PAYMENT POLICY

Payment is expected at the time services are rendered. We accept CASH//VISA/MASTER CARD/DEBIT CARD. We do not offer payment plans. Interest will be charged on all outstanding accounts at a rate of 1.5% monthly in addition to admin. fee of $ 8.50 per month. We make every effort to make sure all fees are fair and reasonable, and you are encouraged to discuss charges before services are rendered. The doctor or the receptionist will be happy to discuss estimates on all medical and surgical procedures performed. Our fees are available at any time upon request. **Please note:** Office call/Exam room fees cover more than the time you and your pet spend with your veterinarian. These fees cover your doctor's time spent reviewing and updating your pet's medical records and history; documenting any current problems; consultation with other professionals or reviewing research and written information when appropriate; directing support staff in the care of your pet, as well as other administration expenses. Follow-up rechecks are usually not included in the originating office/exam/consultation fee.

AUTHORIZATION FOR MEDICAL AND /OR SURGICAL TREATMENT

I am the owner/agent of the animal identified above. I am 18 years of age or older, and have the authority to give this authorization. I hereby authorize Killarney Pet Hospital Ltd. to examine, administer such treatment as necessary, therapeutically and/or diagnostically necessary, as indicated by findings during medical evaluation. **Important**: You will be asked to give consent to any abovementioned procedures at each visit in the future, no medical procedures will be done without your additional consent. I hereby certify that I have read and fully understand the above Authorization for Medical and/or Surgical Treatment. I also certify that no guarantee or assurance has been made regarding the results that may be obtained. Further, I assume financial responsibility for all charges incurred by the patient and consent to the release of Medical Information. I also understand that if for any reasons I fail to pick up my pet 30 days after completion of treatment/surgery/boarding, my pet will be put up for adoption.

PERSONAL INFORMATION CONSENT

At Killarney Cat Hospital we respect your right to privacy and will not collect, use or disclose any personal information regarding you or your pet without your consent. The information we seek from you is obtained so that we can provide a high quality of veterinary service and ensure that you are fully aware of our actions. In all cases, we will only disclose personal information about you in circumstances where we believe that it will be beneficial to the continued good health of your pet. I hereby consent to Killarney Cat Hospital collecting and/or using personal information about me and my pet/pets for medical purposes only.

Signature of owner or responsible agent: _____ Date: _____

Cat	Dog	Other	Pet's name	DOB	SEX	Breed	Description - colour
1	2	3	4	5	6	7	8

9	10	11	12	13	14	15