

Where Cats Rule!!!

Today's Date: \_\_\_\_\_ Co-Owner: \_\_\_

## WELCOME TO HARTLAND!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet(s) health. To insure the best care possible, please take time to fill in this form completely. Thank you!

Mailing Address

City, State, Zip Code Home Phone

Owner's Work Phone:	Cell:	Fax/E-n	nail:		
Co-Owner's Work Phone:	Cell: Fax/E-mail:				
Owner's Driver's License #: Co-Owner's Driver's License #:					
How did you learn of our clinic	?InternetF	amily/Friend	27		
	Drive byC	ther	(Name)		
	PET	INFORMATION			
Cat's Name:	2 <sup>nd</sup> Cat:	3	rd Cat:		_
Breed:					_
Color:					_
Date of Birth:	C T'	10	G	3' 10	_
Sex: Fixed? De-clawed: Front only	Sex: Fixed?			Sex:Fixed?	
All 4 Paws	De-clawed: Front only All 4 Paws		De-clawed: Front only		
		all 4 Paws		All 4 Paws	
Abnormalities or Idiosyncrasies	S.				
Indoor Outdoor	Indoor	Outdoor	Indoor	Outdoor	-
Date of Vaccinations:		Juidooi	1110001		
Distemper:					
Rabies:			-		
Leukemia:			-		
FeLV/FIV Tested?					
At Which Veterinary Facility:			-		_
, , _					-
I Hereby authorize and assume these charges will be paid at the	responsibility for all time of release and	THORIZATION charges incurred in that a deposit may be	the care of this be required for s	animal. I also under urgical treatment. Fo	stand that
writing privileges, we require a	driver's license.		_		
We Accept All Major Credit Ca	ards: VISA Master	DISCOVER AMERICAN		redit	
Signature of Owner		Date			
	D/L Welcome				