HARTLAND CAT
HOSPITAL

Where cats Rule!!!

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 pets(s) health. To insure the best care possible, please talk time to fill in this form completely. Thank you!

Today's Date:_____
Owner:_____ Cell #:_____
Mailing Address:_____ City:_____ State:TX
Zip Code:_____ Email:_____
Co-Owners Name:_____ Cell#:_____
If you willing to have ID scanned for confirmation of address: ___ YES ___NO
If address has changed please ask front desk for an address change form

How did you hear about our clinic? ___ Internet ___ Family/Friend ___ Drive by Other:_____

PET INFORMATION

Cat's Name:_____
Breed:_____
Color:_____
Date of Birth:_____
Sex: Female / Male
Fixed?: Spay / Neuter
De-clawed: Front only All 4 Paws
Indoor___ Outdoor___ Both___
Flea and Tick prevention?:__Nexguard ___Other
Vaccinated? YES / NO
If yes: ___Hartland Cat Hospital ___Other Clinic
Other Clinic Name:_____

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If you could send our clinic a picture of your baby(s) for their profile, our email is hcathospital@gmail.com

AUTHORIZATION

I hereby authorize and assume responsibility for all charges incurred in the care of my animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. For check writing privileges, we require a drivers licence.

We Accept All Major Credit Cards: VISA MasterCard DISCOVER AMERICAN EXPRESS Financing: CareCredit

Cherry

Signature of Owner:_____ Date:_____