

Date: _____ **Patient/Client Information** Client # _____

Welcome to Aurora Cat Hospital & Hotel. Please complete this form to ensure the best level of care for your cat(s).

Owner's Name: _____ Spouse/Companion: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____ **E-mail address:** _____

Cell Phone #: _____ Alternate phone #: _____

Spouse/Companion Phone #: _____

In Case of EMERGENCY, and you are unreachable, please designate someone whom we can contact in your stead:

Call _____ at Phone # _____

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

Individual, Someone We May Thank? _____

Hospital Sign Internet Search Other _____

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services?

Phone E-Mail (Check all that apply)

Please take a moment to read and initial the following hospital policies:

- I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon all cats which I or my agent present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary, including attorney's fees, court costs, and any additional penalties that may occur. _____ **(initial)**
- I agree to make every effort to cancel any scheduled appointment with 24 hours notice. If I do not cancel that appointment prior to the appointment time and I miss my appointment, I agree to pay the cost of the exam fee (currently \$63.00, but it may increase in the future) for that missed appointment. _____ **(initial)**
- In the rare case that I arrange with the hospital administrator ahead of time to pay by check, I understand that a service fee of \$20.00 (or the maximum allowed by law) will be assessed for each non-sufficient fund check and/or certified letter that must be sent. _____ **(initial)**
- I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel will not be provided. _____ **(initial)**
- I understand that all attempts will be made to contact me if my cat is not picked up on the specified date. Five days after all such attempts have been exhausted, my cat will be considered abandoned and relinquished to the care of ACHH. All fees associated with the care and keeping of the cat are still my financial responsibility. _____ **(initial)**

Signature _____ **Date** _____

Please complete reverse for patient information

Please fill out the following for each of your cats:

Pet's Name			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Gender	M F	M F	M F
Neutered or Spayed?	Yes No	Yes No	Yes No
Microchip #			
Pet Health Insurance?	Yes No	Yes No	Yes No
If Yes, Insurance Provider Name			
Diet (Name of Your Cat's Food)			
Daily Medications, Vitamins or Treats			
Hours Spent Outside Each Day			
Medical History – Prior Illness/Surgery/Hospitalization or Chronic Conditions			
<i>Thank you!</i>			

-- RELEASE -- AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

For good and valuable consideration, I hereby expressly grant all rights to Aurora Cat Hospital & Hotel, its employees, agents, and assigns to use the picture(s), silhouette(s), or other reproductions of the physical likeness(es) of my cat(s):

(Check as many options as apply)

in connection with the Aurora Cat Hospital & Hotel web site at www.auroracathospital.com with no identification of family name or location of residence

in connection with Aurora Cat Hospital & Hotel, its advertising, promotions, articles, or other materials published by Aurora Cat Hospital & Hotel, in print or electronically, now or at any time in the future.

I certify and represent that I have read this entire agreement and fully understand its meaning, and I agree to be legally bound by the agreement as presented, on:

Date _____ Signature for release _____