



New Client Form

Info about you

Full Name		Email	
Mobile #	Home #	Work #	
Address			
City		State	Zip
How do you prefer we contact you? (Circle one) Email, Text, Mobile Phone, Home Phone, Work Phone, No Preference			

Secondary contact (Optional)

Full Name	Relationship (Circle one) Spouse, Sig Other, Roommate, Relative, Friend, Other
Phone #	Email

Info about your cat

Name	Pet Insurance			
Microchip ID	Color	Breed	Sex Female, Male	Spayed/Neutered? Yes, No
Date of Birth or Age	Indoor or Outdoor? Completely Indoor, Partially Outdoor, Free-Roaming Outdoor			
Prior Vet Info	Prior injuries, illnesses, vaccine reactions, or concerns:			

How did you hear about us? (Circle the best option)

I saw an ad on Google, Facebook, Instagram, Yelp, Other	I saw a social media post on Facebook, Instagram, Pinterest, Twitter, Other
I searched for a vet on Google, Yelp, Bing, Other	I was referred by someone / another business Who?
I saw your sign Driving By, Walking By	Other

Photo release

I authorize T.H.E. Cat Hospital and their representatives to take photos and videos of my cat(s), and to use them for any legal purpose. I understand this may include, but is not limited to, sharing on social media or as part of a promotion, and that my cat's name(s) and information about their experience with T.H.E. Cat Hospital may be used alongside their likeness.

(Circle one)
Agree
Decline

Signature	Date
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