



# Cats Exclusive Veterinary Clinic

6350 W. Atlantic Blvd.

Margate, FL 33063

954 975-8349 ~ Fax: 954 973-3939

## NEW PET~PATIENT INFORMATION

Your Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Any Address Changes? If so, please provide:

\_\_\_\_\_  
\_\_\_\_\_

### → NAME & INFO FOR PET(S) BEING SEEN TODAY:

Name CAT / DOG :	Name CAT / DOG:	Name CAT / DOG:
Age (or est. if not sure):	Age (or est. if not sure):	Age (or est. if not sure):
Breed Dog:	Breed Dog:	Breed Dog:
Sex: Male Female	Sex: Male Female	Sex: Male Female
Neutered/Spayed? Yes No	Neutered/Spayed? Yes No	Neutered/Spayed? Yes No
<b>CAT:</b> Color / Markings: _____  Longhair? Shorthair?	<b>CAT:</b> Color / Markings: _____  Longhair? Shorthair?	<b>CAT:</b> Color / Markings: _____  Longhair? Shorthair?
Any Vet care in past 12 mos.? If so, where?	Any Vet care in past 12 mos.? If so, where?	Any Vet care in past 12 mos.? If so, where?

~ ~ ~ PLEASE SIGN BELOW ~ ~ ~

**(Needed for Authorization for Today's General Care and / or Surgical Treatment and Promise of Payment)**

I hereby authorize the Veterinarian to examine, prescribe for, and/or treat my pet(s).

I assume responsibility for all charges incurred for the care of my pet(s), and that these charges are to be paid at the time of release; i.e., a deposit may be required if surgical treatment or extended hospitalization is necessary for the welfare of my pet.

**Signature:** \_\_\_\_\_ **/ Date:** \_\_\_\_\_