



Your cat, our priority!

New Client & Pet Information Form

We look forward to providing you premium, dedicated, compassionate and innovative feline veterinary care and service. We are conscious of your right to privacy and make a commitment to you not to share private information to any third parties.

Pet Owner Primary Contact Information		
First Name	Last Name	
Phone (Cell)	Phone (Home)	Please indicate primary contact Cell <input type="checkbox"/> Home <input type="checkbox"/>
Email (Primary)	Email (Secondary)	Receive Newsletter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City, State, Zip Code	Pet Owner Date of Birth
Secondary Pet Owner Contact Name / Phone <small>** Secondary contact must be able to make pet health care decisions</small>	If you're here for Urgent Care, who is your regular veterinarian?	There is no secondary contact Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Pet Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list company & policy #	How would you like to receive your pet's health reminders? Email <input type="checkbox"/> Mail <input type="checkbox"/>	

How did you hear about us? Please select all that apply!	
I went directly to webvets.com <input type="checkbox"/>	Friend / Family (name) _____
How did you hear of webvets.com? _____	Veterinarian (name) _____
Google <input type="checkbox"/> What search terms did you use? _____	Event (name) _____
Other Search <input type="checkbox"/> Facebook <input type="checkbox"/> Yelp <input type="checkbox"/> Groupon <input type="checkbox"/>	Mailer _____ Radio _____ TV _____
If none of these, how did you hear about us? _____ CSR Initials _____	Article _____ Coupon _____
	Yellow Pages _____ Walk / Drive By _____

Client Referrals and Coupons	
We appreciate all our clients! Please let us know who referred you so we can thank them!	Are you using a coupon today? Yes <input type="checkbox"/> No <input type="checkbox"/>
First / Last Name _____	What coupon? _____
	Where did you get the coupon? _____
	What type of coupon would you like to get in the future?
	\$ Off Services <input type="checkbox"/> %Off Services <input type="checkbox"/> Free item <input type="checkbox"/>

General Patient Information: You have the right to consent to or refuse any proposed surgery or medical procedure at any time prior to its performance. Bishop Ranch Veterinary Center & Urgent Care maintains personnel and facilities to assist your pet's veterinarian in the performance of various surgical and therapeutic procedures. These procedures may involve unsuccessful results, complications, injury or even death from both known and unforeseen causes and no warranty or guarantee is made as to results or cure. **CLIENT INITIAL** _____

Financial Information: All fees are due at the time services are rendered. In the event your pet is hospitalized with on-going treatment you will be presented with an estimate for cost of treatment and a deposit will be required before treatment commences. You will be advised daily of your account balance. In the event the cost of treatment exceeds the original estimate, additional deposits may be required. Any account which results in collection efforts will be assessed a \$200.00 fee. Returned check payments are subject to a \$30.00 Return Check Fee. **CLIENT INITIAL** _____

Signature:

Printed Name:

Date:

INTERNAL ONLY CSR Name

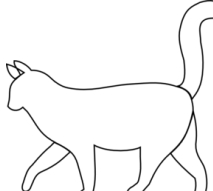
Date



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New Patient Pet Registration (Pet #1)		
Pet First Name _____	Pet Last Name _____	Pet Gender M <input type="checkbox"/> F <input type="checkbox"/>
Type of Cat	Breed	Color
Briefly describe any personality traits!		Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>

Feline Health History (Pet #1)		
What is the primary reason for your visit today?	Please list any medications your pet is currently taking (or has taken within 30 days):	Pet's Birthdate or Approximate age
Who is your pet's regular veterinarian and hospital?	Is your cat an indoor / outdoor pet? (Circle) Does your cat go outside YES or NO	Has your pet been microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/>
Known allergies?	How many litter boxes _____ How many cats in your home _____	Has your pet been vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Symptoms Checker: Please check any symptoms you have noticed in your cat during the past 12 months:</p> <p><u>Mouth</u></p> <p>Drooling <input type="checkbox"/></p> <p>Bad Breath <input type="checkbox"/></p> <p>Smacking Lips <input type="checkbox"/></p> <p>Gagging <input type="checkbox"/></p> <p><u>Chest</u></p> <p>Difficulty Breathing <input type="checkbox"/></p> <p>Panting <input type="checkbox"/></p> <p>Coughing <input type="checkbox"/></p> <p><u>Eyes / Ears</u></p> <p>Eye Discharge <input type="checkbox"/> Color of Discharge _____</p> <p>Ear Discharge <input type="checkbox"/> Color of Discharge _____</p> <p>Shaking Head <input type="checkbox"/></p> <p>Scratching Ears <input type="checkbox"/></p> <p>Nasal Drain <input type="checkbox"/></p> <p><u>Fur / Coat</u></p> <p>Hair Loss <input type="checkbox"/></p> <p>Dandruff <input type="checkbox"/></p> <p>Bumps / Sores <input type="checkbox"/></p> <p>Itching / Scratching <input type="checkbox"/></p> <p>Excessive licking <input type="checkbox"/></p>	<p>Please circle any areas of concern you would like the veterinarian or veterinarian technician to look at:</p>  <p><small>*Please note pictures are generic and only used to help communicate any concerns you have for your pet. They do not necessarily represent the breed of your cat.</small></p> <p><u>Other Symptoms</u></p> <p>Vomiting <input type="checkbox"/></p> <p>Diarrhea <input type="checkbox"/></p> <p>Constipation <input type="checkbox"/></p> <p>Bloated <input type="checkbox"/></p> <p><u>Urinary Habits</u></p> <p>Trouble urinating <input type="checkbox"/></p> <p>Frequent trips to litter box <input type="checkbox"/></p> <p>Straining to urinate <input type="checkbox"/></p> <p>Blood in urine <input type="checkbox"/></p> <p>Paws Gait <input type="checkbox"/></p> <p>Decreased jumping <input type="checkbox"/></p> <p>Limping / difficulty walking? <input type="checkbox"/></p> <p>Feet tender to touch? <input type="checkbox"/></p>	<p>Please check this box if you don't want your pet's photo used for marketing: <input type="checkbox"/></p>



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PET #2 REGISTRATION FORM

Client First Name

Client Last Name

Pet Name

Client ID

Health History (Pet #2)

What is the primary reason for your visit today?

Please list any medications your pet is currently taking (or has taken within 30 days):

Pet's Birthdate or Approximate age

Who is your pet's regular veterinarian and hospital?

Is your cat an indoor / outdoor pet? (Circle)
Does your cat go outside YES or NO

Has your pet been microchipped?
Yes No

Known allergies?

How many litter boxes _____
How many cats in your home _____

Has your pet been vaccinated?
Yes No

Symptoms Checker: Please check any symptoms you have noticed in your cat during the past 12 months:

Mouth

- Drooling
- Bad Breath
- Smacking Lips
- Gagging

Chest

- Difficulty Breathing
- Panting
- Coughing

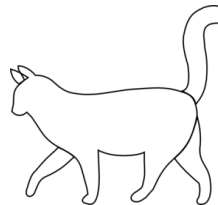
Eyes / Ears

- Eye Discharge Color of Discharge _____
- Ear Discharge Color of Discharge _____
- Shaking Head
- Scratching Ears
- Nasal Drain

Fur / Coat

- Hair Loss
- Dandruff
- Bumps / Sores
- Itching / Scratching
- Excessive licking

Please circle any areas of concern you would like the veterinarian or veterinarian technician to look at:



*Please note pictures are generic and only used to help communicate any concerns you have for your pet. They do not necessarily represent the breed of your cat.

Other Symptoms

- Vomiting
- Diarrhea
- Constipation
- Bloated

Urinary Habits

- Trouble urinating
- Frequent trips to litter box
- Straining to urinate
- Blood in urine
- Paws Gait
- Decreased jumping
- Limping / difficulty walking?
- Feet tender to touch?

Please check this box if you don't want your pet's photo used for marketing:

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