

**All Cats Hospital, P.A.
New Client Registration**

Last Name:	First Name:	
Spouse's Name (Or Other Responsible Party):		
Address: <address> <address2>		
City:	State:	Zip:
Home Phone: <phone>	Cell Phone: <cell-phone>	
**E-Mail Address:		Fax:
Owner's Occupation:	Work Phone:	
Spouse's Occupation:	Work Phone:	

**** We send out a regular e-newsletter. If you give us your e-mail address you will receive it automatically. If you don't have e-mail and would like to receive it by mail check here:**

How did you first hear about All Cats Hospital? (please check one)

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Sign/Location | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Mailing | <input type="checkbox"/> Facebook Page |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Television | |
| <input type="checkbox"/> All Cats Website | <input type="checkbox"/> E-Newsletter | <input type="checkbox"/> Collins Estates Directory | |
| <input type="checkbox"/> Personal Referral (who may we thank?): _____ | | | |

Please select how you would prefer us to contact you:

Note: The doctors communicate primarily through e-mail, and are often able to respond to your concerns more quickly.

1. Calls to see how your cat is doing:

- | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Work Phone |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

2. Normal bloodwork:

- | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Work Phone |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

3. Abnormal bloodwork:

- | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Work Phone |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

4. Re-evaluation Reminders:

- | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Work Phone |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

5. If we are unable to speak with you, may we leave messages on voice mail? Yes No

Fees

Our fees reflect our expertise, the quality of our facility and equipment, the caring and concern of our staff, continuing education, the service provided, and our willingness to listen and learn from you. Estimates are available at your request. Please feel free to ask for one. We will give our most accurate estimate of costs involved. We ask that all accounts be paid in full when service is rendered.

I am the legal owner or representative of the legal owner of the animal being presented for treatment and I am 18 years of age or older.

Signature:	Date:
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