



# All Feline Hospital Information Update

Please take a few minutes to update your information for us.  
Thank you for continuing to choose All Feline Hospital for your veterinary care!

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

*\*Required for access to Pet Portals*

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Preferred method of contact: Home # / Cell # / Work # / Email / Other: \_\_\_\_\_

Spouse or co-owner: \_\_\_\_\_ Contact #: \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

Notify in case of emergency (if we cannot reach you): \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have pet insurance? \_\_\_\_\_ If so, who is your insurance carrier? \_\_\_\_\_

## Cat Information

(Please list all cats living in your home)

Name	M F M/N F/S	Breed	Color	Indoor/ Outdoor	Approx. Birth date	Declawed? Front / All 4	How long owned?

What brand of cat food do you feed? \_\_\_\_\_ Dry/canned/both? \_\_\_\_\_

Any additional information we should know about any of your cats? \_\_\_\_\_

## PAYMENT

We will gladly prepare a written estimate of service if you desire (please ask our doctor, technician, or practice manager). All professional fees are due at the time services are rendered. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept VISA, Master Card, or Discover. There will be a \$30.00 service charge for any check returned unpaid.