Cats Exclusive Veterinary Clinic
6350 W. Atlantic Blvd.
Margate, FL 33063
954 975-8349 ~ Fax: 954 973-3939

WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, fill out the forms provided completely. Thank you!

NEW CLIENT REGISTRATION

Your Name _____

Home Phone _____ **Cell Phone** _____

Street Address _____

BEST PHONE # to reach you today _____

City, State, Zip _____

e-mail address _____

How did you hear about us? _____

Would you like to join our mailing list? Yes____No_____

By e-mail? Yes____No_____

_____Yes, I would like to donate $1 to help spay/neuter cats

➔ PLEASE ANSWER below questions for your pet's (or pets') visit today:

Name Pet:	Name Pet:	Name Pet:
Age (or est. if not sure):	Age (or est. if not sure):	Age (or est. if not sure):
Sex: Male Female Neutered/Spayed? Yes No	Sex: Male Female Neutered/Spayed? Yes No	Sex: Male Female Neutered/Spayed? Yes No
Color / Markings:_____ Longhair? Shorthair?	Color / Markings:_____ Longhair? Shorthair?	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 Authorization for General Care and/or Surgical Treatment:

I hereby authorize the Veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treat.

Signed_____ **Date:**_____