**The Cat Hospital of Durham and Chapel Hill**

**Client Information**

**Owner:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which phone number is best to reach you: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive vaccine reminders via email?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse or Co-Owner:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If it was a personal reference, please let us know so we may thank them: \_\_\_\_\_\_\_\_\_\_\_

**Cat Carriers**

We require all cats coming into the hospital to be safely contained in their own cat carrier. We are located in a busy parking lot and it is too easy for a cat to become frightened and try to jump down and run away from you. If you need to borrow a carrier, just let us know and we’ll be happy to loan one to you. For some suggestions on how to convince your cat to go into a carrier please watch this informative video: <http://www.youtube.com/watch?v=VAaGJTcX0zI>.

**Important Payment Information**

Full payment is required at the time that services are rendered. WE DO NOT BILL. A service fee of $30.00 will be assessed for returned checks. Any unpaid balance on the account by the end of the month will incur a service charge of 1.5% per month (18.0% per year) and an account handling fee of $5.00 per month. Any account with an unpaid balance after 90 days will be referred to a professional collection agency.

If you wish to pay by check we will ask for your driver’s license information.

**Appointment No-Show Policy**

Clients who fail to keep their appointments without notice the day before may be charged a full exam fee.

**Privacy Policy**

The Cat Hospital of Durham and Chapel Hill does not share client or patient information with any third party unless you list us as a reference or when required by law. Being listed us as a reference for you will be considered giving consent so that we may provide information to the third party (e.g., animal shelters, rescue groups). We shred all documents containing personal client information before recycling.

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_