

**NEW CLIENT INFORMATION** CatVetathome Ltd. 403-607-8321 email: [info@catvetathome.ca](mailto:info@catvetathome.ca)

**OWNER'S FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE :** \_\_\_\_\_  
**EMPLOYER** \_\_\_\_\_  
**WORK NUMBER:** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

**SPOUSE/PARTNER or emergency contact**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE :** \_\_\_\_\_  
**EMPLOYER** \_\_\_\_\_  
**WORK NUMBER:** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

How did you learn about **CatVetathome**? (Please check as many as apply): Yellow pages \_\_\_ Internet \_\_\_ Car ad \_\_\_  
Twitter \_\_\_ Facebook \_\_\_ Linked In \_\_\_ Community Newsletter \_\_\_ Wild Rose Cat clinic \_\_\_ Other \_\_\_\_\_  
Friend referral \_\_\_ If a referral, whom may we thank for recommending our practice? \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

**PAYMENT POLICY**

**Payment is expected at the time services are rendered.** We accept CASH/VISA/MASTER CARD/DEBIT CARD. Interest will be charged on all outstanding accounts at a rate of 1.5% monthly. We make every effort to make sure all fees are fair and reasonable, and you are encouraged to discuss charges before services are rendered. Our fees are available at any time upon request.

Please note: CatVetathome charges house call and traveling fee each time we travel to you. Consultation fees cover more than the time you and your pet spend with your veterinarian. These fees cover your doctor's time spent reviewing and updating your pet's medical records and history; documenting any current problems; consultation with other professionals or reviewing research and written information when appropriate; directing support staff in the care of your pet, as well as other administration expenses. Follow-up rechecks are usually not included in the originating office/exam/consultation fee.

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby certify that I have read and fully understand the above Authorization for Medical and/or Surgical Treatment . I also certify that no guarantee or assurance has been made regarding the results that may be obtained. Further, I assume financial responsibility for all charges incurred by the patient and consent to the release of Medical Information. CatVetathome will not perform any treatments/diagnostics without permission from the owner. All recommended treatments will be discussed in detail and mutually agreed upon by the veterinarian and owner.

Signature of owner or responsible agent: \_\_\_\_\_ Date: \_\_\_\_\_