

The Cat's Meow Veterinary Hospital
Client Information Sheet

CL# _____

Date _____

Owner's Name _____
Last first m.i.

Address _____
City State Zip

Driver's License # _____ Home phone _____

Your Employer _____ Work phone _____

Name of spouse/significant other _____

Employer of spouse/sig.other _____ Work phone _____

May we contact you at work in reference to your cat(s)? Yes No
May we contact your spouse/sig.other at work? Yes No

E-mail address _____ (We will NOT share this address.)

CLIENT/PATIENT CONFIDENTIALITY: Section 18E of the Texas Veterinary Licensing Act protects your privacy by prohibiting disclosure of your cat's health care records without your authorization. Your signature below authorizes this hospital to verify vaccination and general health information to individuals who may have come in contact with your cat.

EXTRA-LABEL USE OF MEDICATIONS: Some medications that are needed for your pet may not be FDA approved for use in cats. They may be approved for humans, dogs, etc. but not for cats. Sometimes we may use a medication to help your pet that may not be approved for use in cats. This is called extra-label use because the label does not indicate approval for use in cats. This is frequently because large-scale formal testing on cats has not been done. We may have a particular medication compounded into a particular strength or form for your pet. We will do this only if there is not a suitable medication for the problem that is FDA approved for use in cats or if a different strength or formulation would be more suitable for your pet. Your signature below authorizes this hospital to use medications extra-label as necessary or for medications to be compounded as necessary for your pet.

FEES: In order to keep accounting and billing costs, and therefore fees, to a minimum, payment for services is due at the time services are rendered. Please feel free to ask about the cost of our services. The doctors or staff will give you the most accurate estimate of the costs involved. By signing below, you acknowledge that you are responsible for payment of treatment costs incurred to ensure the health of your cat(s).

Owner's Signature _____ Date _____

Please indicate how you heard about The Cat's Meow:

Newspaper ___ Yellow Pages ___ Sign/passing by ___ Internet ___

Individual: _____ Other: _____

Thank you for visiting The Cat's Meow!!!