



# Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

## REGISTRATION

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
City/State: \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Second Owner: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell # (Second owner): \_\_\_\_\_ Relation: \_\_\_\_\_

Preferred method of contact:  Phone (circle preferred # above)  Email  
How did you learn about our clinic?  Drive by/sign  Print Ad  Facebook  Recommendation  
 Website  Internet Search  Other: \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Number of Pets Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

## CAT HEALTH HISTORY

Name of Cat: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed

Vaccination History (date and type of last vaccinations): \_\_\_\_\_

Prior medical issues/surgeries: \_\_\_\_\_

Reason for visit: \_\_\_\_\_  
Current medications: \_\_\_\_\_

Lifestyle:  Indoor only  \_\_\_% Indoor/ \_\_\_% Outdoor  Outdoor only

Does your cat have insurance?  Yes, company: \_\_\_\_\_  No

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Accounts unpaid after 30 days are subject to a finance charge of 1.5% per month (annual percentage rate 18%); minimum charge of \$1.00. If your account is sent to collection, you will be liable for the costs for such collection, including attorney's fees and court costs.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

YES  NO I authorize Mid Atlantic Cat Hospital the right to take photographs of me and/or my pet, and to copyright use and publish the same in print and/or electronically.

Staff member checking in \_\_\_\_\_

## FEAR FREE PRE-VISIT CLIENT QUESTIONNAIRE



# Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

As Fear Free certified professionals, we want to make your visit to our hospital the best it can be for you and your cat. We ask that you fill out this pre-visit questionnaire so we can take both you and your cat's preferences for your first visit into consideration. **Please return this with your other new client/patient paperwork as soon as possible.** If noted below to call, please do so for additional tips or recommendations for your cat.

## How would you describe your cat when at the vet?

Relaxed, doesn't seem to be mind being there  Nervous, timid, or shy  Very stressed or aggressive

(If very stressed or aggressive, please call before your visit to discuss options to help with anxiety prior to the appointment.)

## Has your cat ever needed to be sedated because of their stress level when at the vet?

Yes  No  Not sure

## Has your cat ever been prescribed or recommended a medication for stress or anxiety to help with a visit to the vet?

Yes  No  Not sure If yes, do you know the name of the medication and did it help?

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## We do ask that all cats arrive in carriers. Do you find it difficult to get your cat into the carrier?

Yes  No  Sometimes (If yes, please call before your visit to discuss options to help with travel to the hospital.)

## Does your cat experience any vomiting, drooling, or defecation while in the car or carrier?

Yes  No  Sometimes

*As part of our Fear Free pledge, we won't force your cat to do anything he or she doesn't want to do. This sometimes means we prescribe a medication to help ease your cat's anxiety. This medication is prescription, so we can not dispense it prior to meeting your cat. This means that if your cat is overly anxious at their visit, the first visit may be a "Fear Free consult" and we may dispense the medication and ask that you return another day after having given the medication to your cat.*

*Thank you for taking the time to answer these questions. Our goal is to make you and your cat's visit as fear free as possible. We do often offer treats to your cat while here to help ease their stress. These are more often accepted when your cat is hungry. If you think about it, please withhold food for a few hours prior to the appointment to make sure your cat is good and hungry!*