

We appreciate your patronage at Western Hills Veterinary Clinic. The care of your pets is important to us. It is important that we keep our client files up to date, and to do so, we need the following information for our records.

Payment is due at the time cat is admitted.

| | | | |
|---|----------------------|------------------------------|-------------------|
| Date Today: _____ | 2014 | | |
| Your name and your spouse's name: _____ | | | |
| Driver license number: _____ | | | |
| Street Address: _____ | | | |
| City: _____ | County: _____ | State: _____ | Zip: _____ |
| Home Telephone: () _____ | | Cell Phone: () _____ | |
| Email: _____ | | Circle one: Home Work | |

Cat's name: _____

Color: _____ Check one: Short Hair Medium Hair Long Hair

Approximate Age or Date of Birth: _____

Please check the following procedures that you would like to be performed on your cat.

- Neuter – \$30
- Rabies Vaccine (1 year) – \$10
- RCPP Vaccine (distemper & respiratory viruses) – \$15
- Feline Leukemia Vaccine – \$15
- Feline Leukemia & Immunodeficiency Virus Test – \$25

I am aware that there are inherent risks in anesthesia for the above procedures. I also understand that if complications arise during surgery that necessitate additional surgical procedures or require additional supportive care, every reasonable attempt will be made to contact me at the phone numbers I have provided above; however the veterinarian may exercise his or her discretion when performing those procedures that are critical to the health of my pet if I am not able to be contacted within a reasonable amount of time.

Signature: _____ Date: _____