



Date: _____

OWNER INFORMATION (Must be at least 18 Years old.)

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

CO-OWNER INFORMATION (If Applicable)

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

How would you like to receive reminders? Email Text Message

How did you hear about us? Location Humane Society/Rescue Pet Store Internet
 Other _____ Friend _____ (Please let us know who. We'd like to thank them.)

CAT INFORMATION

Name: _____ Gender: _____ Spayed/Neutered: Yes or No

Birth Date (approx. age if not known): _____ Breed: _____ Color(s): _____

Date of last vaccines (if known): _____

Health concerns/known allergies: _____

Name: _____ Gender: _____ Spayed/Neutered: Yes or No

Birth Date (approx. age if not known): _____ Breed: _____ Color(s): _____

Date of last vaccines (if known): _____

Health concerns/known allergies: _____

Name: _____ Gender: _____ Spayed/Neutered: Yes or No

Birth Date (approx. age if not known): _____ Breed: _____ Color(s): _____

Date of last vaccines (if known): _____

Health concerns/known allergies: _____

Previous veterinary clinic to request records from: _____

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE PROVIDED.

-Over-

Stephanie Buchholtz DVM



The Cat Doctor

4855 Thompson Pkwy | Johnstown, CO 80534 | Phone 970-278-0000 | www.thecatdr.net

Financial Policy

Thank you for choosing The Cat Doctor. Our primary mission is to deliver the best and most comprehensive veterinary care available for your cat. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. The Cat Doctor requires payment in full at the end of your cat's examination and/or at the time of discharge.

Payment Options:

We accept:

- Cash, Check, Visa®, MasterCard®, or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care will require a deposit to begin your pet's treatment.

Additional Policy Information:

The Cat Doctor charges \$20 for returned checks. A service charge from the date of service at the rate of one and one half percent (1½%) per month (Minimum of \$4), which is an annual percentage rate of eighteen percent (18%) applied to all unpaid balances. A fee of \$43.00 is charged for clients who miss or cancel more than 5 appointments in a calendar year without 24 hours notice. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your cat.

You agree, by providing us with your landline or cell phone number(s), you give express authorization to be contacted at those numbers, as well as authorize such contact by our agents and assigns. This express authorization also applies to any landline or cell phone number(s) you may acquire in the future. We may also contact you by sending text messages or emails, using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving our services.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

¹Subject to credit approval

Stephanie Buchholtz DVM

www.thecatdr.net | www.facebook.com/thecatdoctorllc