

OWNER INFORMATION

Name _____ Cell # _____ Other # _____

Address _____ City & Zip _____

E-mail _____ Primary vet clinic (if applicable) _____

How did you hear about us? Please select all that apply:

Internet search Facebook Flyer Sign/local Vet clinic Referral/recommendation Former client Other

Additional info/comments: _____

CAT INFORMATION

Name	Gender	Date of birth	Breed	Color

If additional space is needed, please continue on back of form

POLICY STATEMENTS & SIGNATURE

By my signature below, I hereby authorize Nine Lives Cat Center (Clinic) to examine, vaccinate, treat, prescribe for, groom, and/or otherwise provide veterinary care for my cat(s) listed above. I verify that I am the owner or authorized agent of the listed cat(s) and am at least eighteen (18) years of age.

I understand that rabies vaccination is required by the state of Ohio for all cats. It is my right to decline rabies vaccination for my cat(s) but if I choose to do so, I shall be responsible for any/all consequences of, and assume all liability for, such decision.

I understand that medications may be recommended, administered, and/or prescribed for my cat(s) in an off-label manner based on the discretion of the veterinarian(s).

I accept full financial responsibility and understand that full payment is due at the time my cat(s) is/are treated, unless previous arrangements have been made. I will be fully responsible for any fees/charges incurred should collection efforts become necessary.

Signature _____ Date _____