

365 Essex St Saugus, MA 01906-4126 Tel. (781) 233-6270 \* Fax (781) 233-2842 www.animalcenter365.com

Client #: 10365

Patient #: 2

Welcor	mes You and Your Cat			
Owner Information (Please note any changes)				
Owner:	Test Test	Home Phone:	( ) -	
Co-Owne	r:	Work Phone:	( ) - ext:	
Address:		Cell Phone:	( ) -	
	,	E-Mail:		
Animal Information (Please note any changes)  Name: Feline Date of Birth:				
Breed:		Sex:		
Color(s):		Microchip:		
OUR HOSPITAL is open 6 days a week. We operate by appointments. Emergencies are taken when possible. Always call first, so we can be prepared for your emergency. Annual check-ups for each pet is ideal; and a must if there is an ongoing problem or in need of medication.		records are ke available for n pet portal via d a In order to pro I authorize Ani	OUR HOSPITAL considers each pet to be important, thus records are kept for each patient. These records are available for no fee via email, and can be accessed on our pet portal via our website. Printed records will require a fee. In order to provide the best care possible, we request all I authorize Animal Center to release records in cases of grooming, kenneling, and to other veterinary	

**OUR HOSPITAL** recommends current vaccinations for all our patients. Vaccinations are medical procedures having some risks. These risks include mild reactions such as soreness at the site of injection to more severe reactions of anaphylaxis or cancer developing at the site of injections.

## **RECOMMENDED VACCINATIONS:**

PANLEUKOPENIA: given as a series then as a booster on an annual basis for all cats.

RHINOTRACHEITIS/CALICI: given as a series then as a booster on an annual basis for all cats.

LEUKEMIA: given as a series then as a booster annually for all outdoor cats.

**RABIES:** required by state law to prevent the transmission of the fatal rabies virus.

I authorize Animal Center to use my pet's photos and medical history on social media sites and web blogs for raising awareness, showing medical cases, and any other publicized purpose.

establishments in cases of emergencies.

## **FINANCIAL POLICIES:**

PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED. WE DO NOT BILL. WE ACCEPT CASH, M/C, VISA, DISCOVER, DEBIT AND PERSONAL CHECK (requires a social security number or license on file).

## PET INSURANCE IS AVAILABLE.

If an account is sent to collection, the undersigned agrees to pay all amounts due plus collection fees of thirty-five (35%) percent of the unpaid balance. Returned Checks are a \$25.00 handling fee.

I understand payment procedures and assume my pet's financial expenses.

I have read and understand the hospital policies and recommendations outlined on this form.

Date:	02/12/2020	
Please		