



Check-In: FELINE

Date: _____

Client Information

Account holder: _____
Address: _____

Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____
Employer: _____
Spouse/Other: _____
Spouse work phone: _____
Spouse cell phone: _____
Spouse email: _____
Spouse employer: _____
Children: _____

Emergency phone: _____
Emergency contact: _____

Patient Information

Name: _____
Species: _____
Breed: _____
Color: _____
DOB/Age: _____
Sex: _____
Weight: _____
Allergy: _____

Today's Desires

Vaccinations

Whatever is due Bordatella Leukemia/FIV
 Distemper Rabies FIP

Procedures

Leukemia test Urinalysis Check anal glands
 Microchip Deworming Flea injection
 Fecal exam (sample brought from home)
 Wellness exam Pre-surgical exam

More Concerns

Consultation: _____

Blood tests: _____

Health concerns today: _____

Refills on: _____

Products to take home: _____

Authorization

Current Balance: \$ _____

- I certify that the above information is current and correct.
- I understand that I am financially responsible for **all** charges.
- I understand that **full payment for services is due today**. If you are unable to pay, please reschedule the appointment.
- I intend to pay today via: Cash Check Credit Card Debit Card Money Order Care Credit
- I understand that a 1.5% billing fee (minimum of \$3.00) is assessed to all overdue accounts after 30 days.
- I would like to receive **information on a bill payment system**.

Signature: _____

Account holder Spouse/Other Child