



**Holmes
Feline
Clinic**
cats are our life

Welcome to Holmes Feline Clinic

Owners Name: _____ Spouse/Co-Owner Name: _____

Address: _____

Email: _____ Primary Cell # _____

Spouse Cell # _____ Home Phone# _____

Work Phone # _____ Occupation _____

Employer _____ Spouse Occupation _____

Spouse Employer _____ Spouse Work Phone # _____

How did you learn about our practice? _____

If we take a picture of your kitty, would you allow us to share it on our social media outlets?

Yes _____ No _____

Patient Information

1. Name _____ Age/D.O.B. _____

Please Circle: Male/Female

Neutered or Spayed

Long or Short Hair

Declawed Yes or No

Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____

2. Name _____ Age/D.O.B. _____

Please Circle: Male/Female

Neutered or Spayed

Long or Short Hair

Declawed Yes or No

Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____

Payment

We will gladly prepare a written estimate of service fees if you desire. All fees are due at the time services are rendered. At this time we do not accept personal checks. We accept credit cards, debit cards and cash. As cat guardian, you will be held liable for the financial responsibility of services that are performed for each pet. Unpaid balances will be recovered as deemed appropriate by Holmes Feline Clinic management and may incur a \$30.00 administration fee. I understand and abide by the above statements.

Signature: _____

Date: _____

3. Name _____ Age/D.O.B. _____

Please Circle: Male/Female Neutered or Spayed
 Long or Short Hair Declawed Yes or No
 Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____

4. Name _____ Age/D.O.B. _____

Please Circle: Male/Female Neutered or Spayed
 Long or Short Hair Declawed Yes or No
 Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____

5. Name _____ Age/D.O.B. _____

Please Circle: Male/Female Neutered or Spayed
 Long or Short Hair Declawed Yes or No
 Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____

6. Name _____ Age/D.O.B. _____

Please Circle: Male/Female Neutered or Spayed
 Long or Short Hair Declawed Yes or No
 Indoor/Outdoor/Both

Breed _____ Color/Markings _____

Current Medication: _____