



Cat Clinic of Lafayette
119 ½ Arnould Blvd, Lafayette La. 70506
337-777-Meow
6369

Info@catclinicoflafayette.com

New Client Information

Owner's Name: _____ Date: _____

Preferred Phone #: _____ Please circle if this is work, cell, or home.

Alternate Phone #: _____ Please circle if this is work, cell, or home.

Employer: _____ Job Title: _____

Mailing Address: _____ City: _____ Zip Code: _____ State: _____

E-mail: _____ Would you like to subscribe to future practice newsletters? Yes No

What is your preferred form of contact to discuss estimates, diagnostic results, or general updates for your cat (s)? Phone Email Either

What time of the day is best to contact you about your cat(s)? _____

How many cats do you have? _____ Do you have any other pets? If so, specify: _____

How did you first hear of our hospital?

- Facebook Website A fellow cat lover Hospital sign St. John Newsletter
 Other

May we post pictures of your cat on Facebook or Instagram? Yes No

Alternate Contact Information

Alternate Contact Person/Relationship: _____

Alternate Contact's Phone #: _____ Alternate Contact's email: _____

May the alternate contact person make decisions regarding your cat on your behalf? Yes No

AUTHORIZATION: By signing below, you are verifying that:

- This information is correct and I take full responsibility for the cat(s) I have presented today.
 - I understand that I am to pay in full when services are rendered.

Signature of Owner/Agent: _____ Date: _____