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 Bothell, WA 98021  
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 Email: catcliniccanyonpark@gmail.com



## New Client Registration Form

Name:		Partner/Spouse:	
Street Address:			Unit:
City:	State:	Zip Code:	
Cell Phone:		Spouse/Other Phone:	
		Land Line:	
Email Address:			
Employer:			
Employer Address:			

Cat Name:	Breed:	Color:
DOB:	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Neutered <input type="radio"/> Spayed
Rabies Vaccine Date:	FVRCP Vaccine Date:	FeLV Vaccine Date:
Important Medical History:		
Microchip: <input type="radio"/> YES <input type="radio"/> NO		Microchip Number:

Cat Name:	Breed:	Color:
DOB:	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Neutered <input type="radio"/> Spayed
Rabies Vaccine Date:	FVRCP Vaccine Date:	FeLV Vaccine Date:
Important Medical History:		
Microchip: <input type="radio"/> YES <input type="radio"/> NO		Microchip Number:

How did you hear about us?	<input type="radio"/> Family/Friend <input type="radio"/> Drove/Walked By <input type="radio"/> Facebook <input type="radio"/> Yellow Pages <input type="radio"/> Our Website <input type="radio"/> Search Engine <input type="radio"/> Other _____
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**ALL PAYMENTS ARE DUE AT TIME OF SERVICE**

(We accept Cash, Check, Visa, Mastercard, Discover, and American Express)

Signature:	Date:
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**PLEASE READ AND INITIAL THIS SECTION**

**Photography Release:** The Cat Clinic at Canyon Park loves making our patient's Facebook famous! If you would like your cat(s)' first name, image, and story to be featured on our social media accounts, website, and other marketing materials, please check **"YES"** and initial. *Your personal information will never be shared.*

YES  NO Initial Here: \_\_\_\_\_