



**'CHAT'**  
**CAT HOSPITAL AT TOWSON**  
 "Caring for Cats and the People Who Love Them"

6701 York Road  
 Baltimore MD 21212  
 410-377-7900  
 www.catdoc.com

**OWNER**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  Ms.  Mrs.  
 Mr.  Dr.

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: (List all; check  your preferred contact #) **Email:** \_\_\_\_\_

Mobile \_\_\_\_\_  
 Home \_\_\_\_\_  
 Work \_\_\_\_\_

Employer: \_\_\_\_\_

**CO-OWNER**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  Ms.  Mrs.  
 Mr.  Dr.

Phone #s: (List all; check  your preferred contact #)

Mobile \_\_\_\_\_  
 Home \_\_\_\_\_  
 Work \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Cat's Name: \_\_\_\_\_  Male – Neutered? Y / N  
 Female – Spayed? Y / N

Birthdate (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_ -OR- Approximate Age: \_\_\_\_\_

Breed:  Domestic Shorthair  Domestic Longhair  Purebred (specify): \_\_\_\_\_

Color: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Declawed?  NOT DECLAWED  Yes-Front  Yes-Rear Lifestyle: Indoor: \_\_\_\_% Outdoor: \_\_\_\_%

Prior Veterinarian/Practice: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Referred to CHAT by:**

<input type="checkbox"/> Existing/Previous Client Name _____	<input type="checkbox"/> Shelter/Rescue Organization Name _____	<input type="checkbox"/> Print Media Advertising Name _____
<input type="checkbox"/> Website/Facebook Page	<input type="checkbox"/> Outdoor Sign-Drive By	<input type="checkbox"/> Outdoor Sign-Drive By
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Facebook/Other Social Media
<input type="checkbox"/> Other <i>please specify</i> _____		

**Financial Policy**

Thank you for choosing Cat Hospital At Towson. Our primary mission is to deliver the best and most comprehensive veterinary care available for your cat. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options, Cat Hospital At Towson requires payment in full at the end of your cat's examination and/or at the time of discharge.

Payment Options—you may choose from: Cash, Check, Visa®, MasterCard®, American Express®, Discover® OR Convenient monthly payment options<sup>1</sup> from the CareCredit® Healthcare CreditCard.

For some treatments, procedures, hospitalized or boarding care, a deposit may be required. A service fee of \$40.00 will be charged for each returned check; any fees incurred to collect unpaid account balances will be the responsibility of the client.

**Additional Policy Information**

When necessary, after-hours supervision of patients is provided by the PET E.R. CHAT is not staffed outside of regular office hours.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your cat.

By signing below, you affirm that you are at least 18 years of age and the legal owner (or agent of the legal owner) of the cat listed above; that you agree to the terms of payment; and, that you have read and understand the policies above.

Client/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup>Subject to credit approval