



CLIENT INFORMATION

**Affectionately Cats
60 Commerce St.
Williston, VT 05495**

Please indicate if you are a: Current Client New Client

Your Name: Last _____ First _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Phone: Home # _____ Work # _____

Cell # _____ E-Mail Address: _____

Alternate Contact Information:

Last name: _____ First name: _____

Phone: Home # _____ Work # _____

In an EMERGENCY, Please call _____ at phone # _____

How did you hear of our hospital? Please check all that apply:

Affectionately Cats Website Hospital Sign Yellow Pages Newspaper

(please specify): _____

Individual, Whom may we thank? _____

All Fees are Due At The Time Services Are Rendered. Please indicate choice of payment:

Cash/Check Debit/Credit Card Care Credit

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit is required for emergency care.

Signature of Owner or Responsible

Party _____ Date _____

Notice: Animals are not attended overnight.