



WELCOME

Manhattan Cat Specialists
230 West 76th Street
New York, NY 10023
212-721-2287
Fax: 212-721-5637
mcs@manhattancats.com
www.manhattancats.com

THANK YOU FOR CHOOSING MANHATTAN CAT SPECIALISTS. PLEASE FILL OUT THIS REGISTRATION FORM COMPLETELY. YOU MAY FAX IT OR BRING IT WITH YOU TO YOUR APPOINTMENT. IF YOU HAVE ANY QUESTIONS, DO NOT HESITATE TO CALL US OR EMAIL US. THANKS AGAIN!

REGISTRATION

Last Name _____ First Name _____ Today's Date _____
Address (street) _____ Apt. _____
City, State, Zip _____ Email _____
Home Phone () _____ Work () _____ Cell () _____
Spouse/Partner Last Name _____ First Name _____
Spouse/Partner Work Phone () _____ Cell () _____ Email _____
Emergency Contact Name _____ Phone () _____
If you were recommended to us, by whom? _____
Number of cats in your household _____ Other pets? (specify) _____
Reason for visit _____

PET INFORMATION

Cat's Name _____ Breed _____ Color _____
Date of Birth _____ Sex (circle) M F Spayed/Neutered? Y N Microchipped Y N
Declawed? Y N Do you have pet insurance? Y N
Has your cat seen a veterinarian previously? Y N
(If yes, please bring all previous medical records or provide us with their phone number so we may obtain your cat's past medical history.)
Date and type of last vaccination _____
Current diet (brand, canned, dry, medicated, etc) _____
Is your cat currently receiving medication? Yes No (If yes, please describe) _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described cat. I assume responsibility for all charges incurred in the care of this cat, and agree to pay these charges at the time of release/discharge. I also understand that a deposit may be required for surgical treatment or hospitalization.

Signature _____ Date _____