



# WELCOME

Manhattan Cat Specialists  
230 West 76th Street  
New York, NY 10017  
(212) 721-CATS (2287)  
FAX (212) 721-5637

THANK YOU FOR CHOOSING MANHATTAN CAT SPECIALISTS. PLEASE FILL OUT THIS REGISTRATION FORM COMPLETELY AND FAX TO (212) 7215637 OR RETURN ON DAY OF APPOINTMENT. WE WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU HAVE ABOUT YOUR CAT'S HEALTH. THANKS AGAIN!

## \*\*REGISTRATION\*\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address (street) \_\_\_\_\_ Apt. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Partner Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Spouse/Partner Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

How did you hear about Manhattan Cat Specialists?

Yellow Pages    Sign    Recommendation    Metrosource Ad    Internet  
Other \_\_\_\_\_

If recommended, 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

Declawed? Y N Date and type of last vaccination \_\_\_\_\_

Is your cat currently receiving medication? Yes No (If yes, please describe) \_\_\_\_\_

Current diet (brand, type, i.e. canned or dry) \_\_\_\_\_

## \*\*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 \_\_\_\_\_