MANHATTAN Cat Specialists

WELCOME

THANK YOU FOR CHOOSING MANHATTAN CATS SPECIALISTS

230 West 76th St.
New York, NY 10023
ManhattanCats.com

P: 212-721-2287
F: 212-721-5637
mcs@manhattancats.com

Last Name: _____ **First Name:** _____ **Date:** _____

Home Phone: (___)_____-_____ **Work:** (___)_____-_____ **Cell:** (___)_____-_____

**Please check the box next to your preferred phone number.*

Address (street): _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Spouse/Partner Last Name: _____ **First Name:** _____

Spouse/Partner Work Phone: (___)_____-_____ **Cell:** (___)_____-_____

How did you hear about us?

- ☐ Recommendation by Friend/Family
- ☐ Walked By/Saw Our Sign
- ☐ Rescue Group/Shelter
- ☐ Our Website*
- ☐ Published Article (magazine, blog, newspaper)
- ☐ Flyer/Mailer/Brochure
- ☐ Word of Mouth
- ☐ Other: _____

***What led you to our website?**

- Internet Search
- Social Media
- Other

If recommended, by whom?

_____

_____

Number of cats in your household: _____ **Other pets? (specify):** _____

Reason for today's visit: _____

PET INFORMATION

Cat's Name: _____ **Breed:** _____ **Color:** _____

D.O.B.: _____ **Sex:** Male Female **Spayed/Neutered?:** Yes No

FIV tested?: Yes No **FeLV tested?:** Yes No **Microchipped?:** Yes No

Do you have pet insurance? Yes No

Date and type of last vaccination: _____

To provide best medical care for your cat, it is necessary to have your cat's medical history available for review.

If your cat has been to a vet before; previous clinic: _____ **Phone:** (___)_____-_____

Do you have permission to obtain your cat's medical history? Yes No

Has your cat been diagnosed with a previous illness/disease? _____

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, hospitalization or boarding.

Signature:_____ **Date:** _____