



Registration Form

Your Information

First Name* _____ Last Name* _____

Address* _____

City* _____ County* _____

State* _____ Zip Code* _____

Email Address* _____

Cell Phone Number* _____ Other Phone Number _____

Preferred contact method (circle one)*:

- Text message
- Email
- Cell phone
- Other _____

How did you hear about us (circle one)?*

- Google search
- Facebook
- Instagram
- Referred by
- Other (please specify) _____

Co-Owner Information

This can be a partner, friend or anyone with whom you share ownership of your cat.

First Name _____ Last Name _____

Address _____

City _____ County _____

State _____ Zip Code _____

Email Address _____

Cell Phone Number _____

Is this person authorized to make decisions about your cat's healthcare? Circle one: Yes / No

Your Cat's Information

Patient Name* _____

Date of Birth _____ OR Approximate age _____

Breed (if known) _____ *(Most domestic cats are mixed breeds, and are referred to as domestic short hair, domestic medium hair, and domestic long hair.)*

Fur Color(s) _____ Gender* _____

Has your cat been spayed (female) or neutered (male)?* Circle one: Yes / No / Don't know

Does your cat have a microchip or other form of permanent identification?*

Circle one: Yes / No / Don't know

If yes, please supply microchip number (if known) or describe other form of identification:

Do you have pet insurance? Yes / No

If yes, please provide the insurance company name and policy number: _____

Where did you get your cat?

- Shelter / Rescue
- Breeder
- Friend / Family
- Stray
- Other (please describe): _____

When did you get your cat (approximate date)? _____

Please attach a picture of your cat here (online form only) **or send one to** hello@atriumcathospital.com.

Health History

Does your cat have any known allergies? Yes / No

If so, please explain. _____

Does your cat have any pertinent past medical history that we should be aware of (major illness or injury, adverse reaction to medication or anesthesia, other)?* Yes | No

If so, please explain. _____

Medical Records

We will request records from any veterinary practices your cat has visited in the past 24 months.

Please provide the name, city, state and phone number for each practice:

Medications & Supplements

Please list all medications and/or supplements your cat is currently taking, including parasite prevention (flea/tick control, dewormers, heartworm prevention). Include all prescription and over the counter medications given by mouth, by injection, or applied to the skin, eyes, or ears, even if they are only used infrequently.

	<u>Medication/Supplement Name</u>	<u>Dose</u>	<u>Frequency</u>	<u>Duration of therapy</u>
Example:	Methimazole	2.5 mg	twice a day	5 years

My cat does not receive any medications, supplements and/or parasite prevention.

Lifestyle

Does your cat have any access to the outdoors via the following (check all that apply):*

- No outdoor access (indoor only)
- Free roaming
- An enclosure (catio or screened porch)
- Leash walking

Does your cat have direct exposure to other cats via the following (check all that apply):*

- No exposure to other cats
- Housemates
- Visiting cats
- Foster cats
- Other free roaming cats
- Other: _____

Does your cat:

- Visit boarding or grooming facilities? Yes / No
- Attend cat shows or similar events? Yes / No

Are there other pets in the household?* Yes / No

If yes, please list: _____

Nutrition and Activity

How active is your cat?

- Very active
- Moderately active
- Not very active

How would you describe your cat's weight?

- Overweight
- Ideal weight
- Underweight

Does your cat have any dietary restrictions? Yes / No

If yes, please explain: _____

Please list ALL cat food, treats, snacks, dental hygiene products, and any other foods that your cat currently eats, including foods or treats used to administer medications.*

	<u>Food Name</u>	<u>Form</u>	<u>Amount</u>	<u>Frequency</u>	<u>Starting Date</u>
Example:	Purina ONE Plus Hairball Formula	dry	¼ cup	2 times/day	2016
Example:	Fancy Feast Classic Chicken Pate	wet	½ can	twice a day	2019

Visiting the Vet

How does your cat do during travel to the vet's office? _____

Which of the following situations have been particularly stressful for you and/or your cat during previous veterinary visits?

- Waiting with other people and animals in the waiting area
- Getting out of the carrier
- Being approached by or having direct eye contact with veterinary staff
- Loud sounds
- Being taken out of the exam room for procedures
- Blood sampling
- Nail trims
- Petting/brushing
- Other: _____

How did your cat react? _____

Has your cat ever been prescribed supplements or medications to help ease anxiety associated with a visit to the veterinary hospital?* Yes / No

If so, which one(s), and what was the result? _____

Does your cat have any sensitive areas where s/he does not like to be touched?* _____

Your Signature* _____ **Date*** ____/____/____

Social Media & Promotional Materials

I do / do not (circle one) hereby grant and authorize Atrium Cat Hospital permission to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my cat to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, brochures, advertisements, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. Cats will be identified only by their first names. This authorization extends to all languages, media, formats and markets now known or later discovered. This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing. I waive the right to inspect or approve any finished product in which my cat's likeness appears, including written or electronic copy.

Your Signature* _____ **Date*** ____/____/____