

Feline Enrolment

Owner's Information:

Name (main account holder): _____

Secondary Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Feline Information:

Pet's Name: _____ Sex: Male Male Neuter
Female Female Spay

Breed, Colour: _____ Age or Birth Date: _____

Veterinarian Clinic Information:

Clinic Name & Phone: _____ Veterinarian Name: _____

Emergency Contact

Please provide us with a contact person other than yourself. In the event of an emergency this person will know your current veterinarian and is able and prepared to make a decision and or transport your pet in your absence.

Contact Name: _____ Relationship to me: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Petworks staff is unable to contact the Owner or the above designated emergency contact, I authorize Petworks to provide emergency veterinary care for my pet, at my expense. Emergency medical care may include; but is not limited to, medication and hospitalization, transfer to the Metro Animal Emergency Clinic (MAEC), and cost of care at MAEC. Payment for services will be billed at the time of pick up.

I, _____, as the Owner/Agent of the above mentioned pet, certify that the information provided is an accurate representation of my pet.

Signature: _____ Date: _____

Health and Nutrition:

Vaccine Protocol:

FVRCP (Viral Rhinotracheitis, Calicivirus, Panaleukopenia) within the past year.

Parasite Control:

All pets must be on both a **worm and flea prevention program**. Please specify which preventative flea and worm program your pet is on:

- Sentinel (Flea and Worm)
- Revolution (Flea and Worm)
- Advantage Multi (Flea and Worm)
- Advantage (Flea)

- Program (Flea)
- Interceptor (Worm)
- Drontal (Worm)

Date regularly given: _____

** If your pet is not on a prevention program, we reserve the right to treat your pet upon arrival, at your own expense, with a flea and worm prevention program. We also, reserve the right to treat your pet at your expense should we discover any fleas or worms while staying at our facility. If required an in-house single dose Advantage Multi treatment can be administered by a staff member, cost is based on the size of your dog and will be determined at time of check in.*

Does your pet have any health concerns (food allergies) that we need to be aware of?

Does your pet require any medication during their stay? If so, please provide clear instructions.

** Extra charges per day for pills or insulin.*

Networks recommends that you provide your **pet's food & feeding amounts** while staying with us.

** In the absence of supplied food, we provide Medi-cal Dental or Hills T/D diet).*

Is your cat social with cats and/or people?

- Yes
- No
- Unsure

How did you hear about us?

<input type="checkbox"/> Location/Sign	<input type="checkbox"/> Client Referral
<input type="checkbox"/> Hospital Client	<input type="checkbox"/> Reputation
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Webpage
<input type="checkbox"/> Obedience/Puppy Socialization Classes	

Signature: _____

Date: _____

Witness: _____