

Healthy Hounds & Fat Cats Enrollment Form-Cat

THIS FORM IS ONLY TO BE USED BY LOCAL CLIENTS WHO HAVE ALSO COMPLETED THE ONLINE ENROLLMENT PROCESS

****Please bring us copies of updated vaccination records whenever new ones are administered. ****

Human's Names (first & last)

1 _____ Cell Phone _____ Work _____

2 _____ Cell Phone _____ Work _____

Referred How? _____ (referrals = free day for the dog/parent who referred you!)

Cat's Name _____ **Breed** _____

When was the last time your cat, growled at, bit, or scratched a human _____

Explain _____

When was the last time your cat growled at, bit, or scratched a partner cat _____

Explain _____

Please circle the appropriate items regarding your cat:

Shies away or nips when head/neck are touched

Reaction to strangers? Happy to see them Go away I don't like you Indifferent

Describe any behavior issues, idiosyncrasies or special sensitivities we should be aware of _____

PLEASE INITIAL:

_____ I have accurately completed the online registration process including all contact information, health information, behavior information, and the electronic signing of all portions of the Release/Registration form.

_____ I will update contact information and my pet's health information with HHFC as it changes.

_____ I have read, understand, & hereby agree to be bound by HHFC Rules and Regulations as listed online. Paper copies are available at the HHFC Front Desk, Healthyhoundsandfatcats.com, or https://hhfc.gingrapp.com/front_end/login/email.

_____ I have read, understand, & hereby agree to be bound by the HHFC Veterinarian Care clause and HHFC Veterinarian Liability clause as listed online. Paper copies are available at the HHFC Front Desk, Healthyhoundsandfatcats.com, or https://hhfc.gingrapp.com/front_end/login/email

Customer's signature below binds Customer to all such statements and information provided in the Enrollment Form as listed on line. Paper copies are available on request. By signature below, Customer further agrees to provide HHFC notice of any changes in the above and on line information including contact information for pet owner, emergency contact, vet clinic, and people authorized to pick up your pet, as well as changes in health or behavior of the pet.

Signature: _____

Date: _____