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New Client & Patient Information

Client Information

Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Credit Card Type/Number/Expiration: _____

In Case of EMERGENCY, Call _____ at Phone#: _____

Pet Information

Name: _____ DOB/Age: _____ Sex: _____

Breed: _____ Color/markings: _____

Spayed/Neutered: _____ Indoor/Outdoor: _____

Dates of last vaccinations/tests:

Rabies: _____ FVRCP: _____ FeLV/FIV test: _____ Fecal test: _____

What diet do you feed your pet? _____

Please list any medications that your cat is currently taking along with any pertinent medical history:

How did you hear about us (referral source)? _____

I understand that payment is due in full at the time services are rendered. A 50% deposit is required for all hospital admissions. Payment methods: Visa, Master Card, American Express, Cash. Thank you for giving us the opportunity to care for your cat.

Signature _____ **Date** _____