



Northern Illinois Cat Clinic, P.C.
 Rebecca J. Schmidt, D.V.M.
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295 Peterson Road
Libertyville, IL 60048 (847) 680-1770



Today's date _____

Most recent vaccination dates:

Patient (Cat) information:

Feline Distemper _____/_____/_____

Cat's name: _____

Rabies _____/_____/_____

Breed: _____

Feline Leukemia Virus _____/_____/_____

Color: _____

Birth date: _____ Age: _____

Neutered: Y N Male: _____ Female: _____

Declawed: Y N Front paws _____ 4 paws _____

How were you referred to our clinic:

-Billboard -Commercial -Mailing -Newspaper article -Drove by -Phone book

-Other _____

-Personal recommendation (whom may we thank) _____

Payment is expected at the time of service. We do accept Visa, MasterCard, Discover, Amex, check or cash for your convenience.

Owner information: (Person responsible for payment and under whose name the cat will be registered.)

Name _____

E-mail _____

 Last, First (Ms., Mrs., Mr.) MI

Social Security Number * _____

Spouse or Co-owner information:

Address (residence) _____

Name _____

City, State, ZIP _____

Spouse/Co-owner phone numbers:

(mailing) _____

work: _____

County _____

cell: _____

Telephone: Home _____

Work _____ ext _____

Cell phone: _____

Occupation: _____

Employer: _____

Employer address: _____

Current client: _____

New client: _____

Reason for visit: _____

* A social security number is not required unless you wish to use a check as your form of payment. If a check will be used as a method of payment at any time, a social security number is necessary to have on file.