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Garden City Cat Hospital  
332 Geneva Street  
St. Catharines, ON,  
L2N 2G6

*Medicine and Surgery Exclusively for Cats*

**NEW CLIENT FACT SHEET**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Pet #1** Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Colour \_\_\_\_\_

**Pet #2** Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Colour \_\_\_\_\_

**Pet #3** Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Colour \_\_\_\_\_

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Previous veterinarian (if applicable) \_\_\_\_\_

How did you hear of Garden City Cat Hospital?

Please check one of the following: Yellow pages  Road/Sign  Referring Client   
Shepherd's Guide  Website  Other

If referred, we'd love to know by whom \_\_\_\_\_

Food you are presently feeding your cat? \_\_\_\_\_ Do you have pet insurance? Yes No

Date of last vaccination? \_\_\_\_\_

**Please Note:**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

We accept cash, debit card, VISA or MasterCard. We **do not** accept cheques.

Thank you for giving us the  
opportunity to care for your pet.