



3771 Katella Avenue, Suite 108
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We thank you for choosing our office to assist you with your medical care. There are some special circumstances that we want to bring your attention.

- Our office is open 5 days per week. We do stay until we're finished. If you have an absolute emergency, you must let us know so that we can help as soon as possible.
- We have a pharmacy protocol that you should become familiar with. That way, you can get your medications taken care of quickly and efficiently.
- We practice the old-fashioned way. We take time with our patients. Please call ahead and make sure we are running on time.
- **I KEEP MY CAT IN THE OFFICE DURING BUSINESS HOURS. HE DOES NOT LIVE HERE. TO DATE, WE HAVE NOT HAD A PROBLEM WITH ALLERGIC REACTIONS. HOWEVER, FOR YOUR PROTECTION, WE HAVE SPECIAL AIR FILTERS RUNNING ALL THE TIME. IF YOU DO NOT WANT TO STEP BACK INTO THE OFFICE, PLEASE LET US KNOW.**

We Look Forward To Getting To Know You Better!

I, _____, have read the above statement. By signing this form, I am documenting that Dr. Z has made every effort to make sure that I understand that a pet cat is kept in the office during business hours. I voluntarily and with full knowledge of this cat, choose to enter this office.

Signed

Date

Witness

Date