

Patient Information - Feline

Patient # _____ (Office use)
Patient's Name _____
Breed _____ Color _____
Birthdate (approx.) _____
Sex: Male () Female () Has your cat been spayed or neutered? Yes () No ()
Please give the approximate age that he/she was spayed or neutered at _____

Where did you get this cat at? (Breeder, Pet Store, Friend, Humane Society, Newspaper Ad, etc.) _____

Approximately when did you acquire it? _____

What does this pet get to eat? _____

Does he/she get table foods or treats? _____

Has this kitty ever been tested for Feline Leukemia virus? Yes() No() Result? _____

Has he/she been declawed? Yes () No ()

Has it ever been tested for FIV? Yes() No() Result? _____

Has this cat ever been vaccinated for:

Panleukopenia

Yes () No () When _____

Rhinotracheitis

Yes () No () When _____

Calicivirus

Yes () No () When _____

Clamydia

Yes () No () When _____

Feline Leukemia

Yes () No () When _____

FIP

Yes () No () When _____

Has he/she ever had a stool sample checked for internal parasites? Yes () No ()

When _____ Result _____

Does this cat get outdoors? _____ How often? _____

Do you ever expect it to be an "outdoor" cat? _____

Please print out this form, fill in the information, and either bring it along with your pet, or FAX it to **866-866-7558**