



## PATIENT INFORMATION

Cat's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Declawed? \_\_\_\_\_

Please give us the approximate dates your cat last had the following:

Distemper Vaccine: \_\_\_\_\_ Feline Leukemia Test: \_\_\_\_\_

Peritonitis (FIP) Vaccine: \_\_\_\_\_ Leukemia Vaccine: \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_ Dentistry (Teeth Cleaning): \_\_\_\_\_

Who was your prior veterinarian or clinic? \_\_\_\_\_ City/State: \_\_\_\_\_

What do you usually feed your cat (brand/flavor)? \_\_\_\_\_

Does your cat ever go outside (even occasionally)?  No  Yes \_\_\_\_\_

Does your cat have any chronic medical problems?  No  Yes \_\_\_\_\_

Does your cat take medications routinely?  No  Yes \_\_\_\_\_

Does your cat have any adverse reactions to medications?  No  Yes \_\_\_\_\_

**CLIENT INFORMATION** Please indicate if you are a:  Current Client  New Client

Your Name: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Alternate Contact Cell # \_\_\_\_\_ Alternate Contact Work # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Alternate Contact Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact (other than yourself): \_\_\_\_\_ Phone # \_\_\_\_\_

## GENERAL INFORMATION

Do you have other pets? (please list):  No  Yes \_\_\_\_\_

How did you first hear of us?  Sign  Yellow Pages  Internet/Website  Humane Society  Newspaper Article  
(Please check only one)

Referred by \_\_\_\_\_  Other \_\_\_\_\_

What aspect of your cat's medical care is most important to you? (please only check one)

Quality  Convenience  Cost  Comfort  Other \_\_\_\_\_