



Patient Information

Answers to the following questions will help us take the best care of your cat.

Cat's Name _____

Gender _____ Spayed/Neutered? yes no not sure (circle one)

Breed (Domestic Shorthair, Siamese, Persian, etc.) _____

Color _____ Date of birth _____ Is this an estimate? _____

Did you bring copies of your cat's previous veterinary records with you today? _____

Previous veterinary hospital _____

Has your cat been microchipped? Yes No If yes: # _____

How did you acquire your cat? (stray, adoption, breeder, etc.) _____

How long has this cat been in your care? _____

Is this cat covered by veterinary pet insurance? Yes No

My cat: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Is allowed to go outside | <input type="checkbox"/> Lives with other household cats |
| <input type="checkbox"/> Goes outside only with supervision | <input type="checkbox"/> Lives in a one-cat household |
| <input type="checkbox"/> Occasionally escapes | <input type="checkbox"/> Lives with dogs |
| <input type="checkbox"/> Stays indoors always | |
| <input type="checkbox"/> Sometimes comes in contact with cats outside of the household | |
| <input type="checkbox"/> Never comes in contact with cats outside of the household | |

- PLEASE TURN OVER -

What brand and type of food do you feed your cat? _____

How often do you feed your cat? (once a day, twice a day, food out all the time, etc.)

How much do you feed your cat? (8 oz can, ¼ cup dry, 1 pouch, etc.)

What kind of flea prevention do you use for your cat? How often?

What other medications, if any, does your cat take?

Has your cat been treated for any health problems (major or minor) or undergone surgery (other than a spay or neuter) in the past? Please describe:

Anything else you'd like to tell us about your cat?

Would you allow us to possibly share the photo we have taken of your kitty, either today or in the future, on one of our social media sites (Facebook or Instagram)? Yes! No, thanks.