

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your cat. Please help us meet your needs by taking a moment to complete both sides of this information sheet.

Owner: _____ Title (circle one): Ms. Mrs. Mr. Dr.
Last Name First Name

Spouse or Partner: _____ Title (circle one): Ms. Mrs. Mr. Dr.
Last Name First Name

Present address: _____
Street Apt. # City State Zip

Email address: _____

(_____) (_____) (_____) _____
Home Phone Work Phone Mobile Phone

Names of others who may bring in or pick up your cat:

Relationship: _____

Relationship: _____

Employer's Name & Address: _____

Spouse or Partner's Employer & Address: _____

The best time to reach you about your cat is: _____ at this phone number: (_____) _____

If there is an emergency, and we can't reach you, whom should we call? _____
Name Phone Number

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Delinquent accounts are handled by our collection agency. The cost of collection will be added to the outstanding balance.

For personal check/credit card purchases: Driver's License #: _____ Date of Birth: ____/____/____

May we use your cat's photo on our website and/or in our newsletter, "The Monthly Meow"? Yes No

How would you prefer to receive reminders? Email Postcard Phone call

How did you first hear of our hospital? Phone book Hospital Sign Internet Lights on Stillwater Individual

Is there someone we may thank for referring you? Name: _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded cats must be currently vaccinated for FVRCP and rabies and free of internal and external parasites. By signing below, you authorize the doctor to provide vaccines and parasite control as needed for your cat.

Owner's Signature _____ Date _____

Please complete both sides of this form

ANIMAL MEDICAL HISTORY

General Information

Cat's name: _____ Sex: Male Female Neutered/Spayed? Yes No

Date of birth or age (years): _____ Length of time owned: _____

Breed: _____ Description/color: _____

Hours spent outside each day: _____ Brand of cat food: _____

Amount fed per day: _____ Type of food (check all that apply): Canned Dry Moist (pouches)

Medical History

Previous veterinarian or clinic: _____ May we request medical records? Yes No

Has your cat been tested for Feline Leukemia? Yes No Date: _____ Result: Positive Negative

Has your cat been tested for Feline Immunodeficiency Virus (FIV)? Yes No

Date: _____ Result: Positive Negative

Vaccination History:

FVRCP (panleukopenia, calicivirus, rhinotracheitis): Yes No Date: _____

Rabies: Yes No Date: _____

Feline leukemia: Yes No Date: _____

FIV Vaccine (IMPORTANT): Yes No Date: _____

Other (specify): _____ Yes No Date: _____

Fecal exam (worms): Yes No Date: _____

Known drug sensitivities: _____

Dentistry: _____

Prior illnesses/injuries: _____

Prior surgeries: _____

Current medications (please include flea control and heartworm prevention): _____

Additional comments: _____

Where did you get your cat? Animal control Pet shop Humane Society Tiny Paws Cattery

Friend Stray Individual (non-breeder) Other (please specify): _____