

NEW PATIENT FORM - Cat

Thank you for giving us the opportunity to care for your Pet!

		Cat's Name:							
Date of Birth:			Breed:						
Age:			Color/Markings/Tattoo:						
Sex	Male		Neutered		Female		Spayed		
Microchip	YES	NO	Microchip #:		County License			YES	NO
Adopted from	Breeder	Pet Store	Rescue	Shelter	Stray	Other			
		Vaccination History (Please provide the date of the last vaccination)							
Rabies:				FVRCP:					
FELV:				Other:					
		Medical History							
Allergies	Vaccine	YES	NO	Specify:					
	Food	YES	NO	Specify:					
	Drugs	YES	NO	Specify:					
Prescription Diet	Brand:			Type:					
	Amount:			Frequency:			x Day		
Medication(s):									

Supplement(s):

Past Medical
Conditions &
Surgeries

Dental Care

Behavioral Disorders

Fears and Phobias

Elimination Problems

Aggression

Destructive Behaviors

Eating disorders

Aging and Cognitive
Dysfunction

Hyperactivity

Repetitive Behaviors

Has your Cat displayed any fractious or aggressive behavior in the past?

YES

NO

Preventive History

TEST

DATE
(Last date)RESULT
(Positive or Negative)

TREATMENT

Fecal (Stool) Test

Heartworm Test

FeLV Test

FIV Test

Heartworm Preventive

Brand Name:

Frequency:

Flea & Tick Control

Brand Name:

Frequency:

Dewormer

Brand Name:

Date:

Other:

	Additional Information			
Regular Diet	Brand:		Dry	Canned
	Type:		Amount:	Frequency: x Day
	Home Made	Cooked	Raw	Treats
Lifestyle	Indoors Only	Indoors-Outdoors	Outdoors Only	
Occupation	Breeding	Show	Therapy	Couch Potato
Day Care	Never	1x Week	1x Month	Other
Grooming	Never	1x Week	1x Month	Other
Boarding	Never	Often	Vacations	Other
	Pet Enrichment			
Playtime	Never	1x Day	2x Day	Other
Toys:				
Other:				

Would you like to be present during the examination of your Cat? YES NO

Would you like to be present for treatments performed on your Cat such as drawing blood and giving vaccinations? YES NO