Date_____

YOUR CAT'S INFORMATION

Your Cat's Name_____

Birthdate _____ _____ _____
M D Y

Male- Is he neutered? Yes No
Female- Is she spayed? Yes No
Breed_____
Color_____

How long have you owned your cat? _____
Do you have pet insurance? _____
Please mark the vaccines your cat has had. Put in the dates if you know them.

FVRCP (Feline Distemper)_____
Rabies 1 Year _____
3 Year _____
FELV (Feline Leukemia) _____
FIP (Feline Infectious Peritonitis-Nose Drops) _____

Has your cat been microchipped?_____ If so, please write the number here _____
If not, would you like information about microchipping?_____Yes _____No
Has your cat had any seasonal allergies that you know about?_____
If so, please list symptoms_____
Is your cat currently on any medications regularly? _____ If so, please list_____
Has your cat had any vaccine or drug reactions?_____If so, please list_____
_____
Has your cat had any past health problems, including arthritis, hit by car, past surgeries, seizures?_____
Does your cat have any behavioral issues we should know about? Including doesn't like strangers, other animals, etc?_____
What brand of food does your cat eat?_____
Does your cat eat table scraps? _____
Has your cat **ever** had fleas? _____Ticks?_____
Is your cat on Heartworm preventative? Yes_____No_____
Which Heartworm preventative is your cat taking?
Heartgard_____Interceptor_____Revolution_____
What was the last date Heartworm preventative was given?_____
Does your cat live _____inside _____outside_____both
Is your cat:

_____an animal only
_____a pet
_____a beloved pet