

FELINE INFORMATION

Client Name: _____ File Number _____

Pet's Name: _____ Date of Birth: _____ Age: _____

Breed: _____ Color: _____ Weight: _____

Gender: Male _____ Male/Neutered _____ Female _____ Female/Spayed _____

Is your cat declawed? _____ Front paws or front & rear paws? _____

Has your cat had any surgical procedures? If so, please list:

Has your cat had a reaction to a vaccine or to medication? If so, please list:

Please list any previous medical problems, including any previous surgical problems:

List all medications your pet is currently taking; please list the name & dosage:

What type/brand of diet is your pet being fed? How often?

Do you allowed your pet to consume table scraps?

Has your pet ever had any blood tests performed; please list:

What is the approximate date of your pet's most recent physical examination? _____

How would you describe your pet's health?

Excellent _____ Good _____ Fair _____ Poor _____

Does your dog have any behavioral problems?

_____ Aggression toward people

_____ Aggression toward other pets

_____ Destructive behavior

_____ Inappropriate elimination behavior

_____ Other, please describe: _____

VACCINATION	DATE GIVEN - RESULT	AGE
Distemper		
Rabies		
Felv/FIV		
Leukemia		
Giardia		
Fecal		