



NEW PATIENT

Client's Name

Cat's Name

Age (or Date of Birth if known)

Male Female

Neutered/Spayed?

yes no unknown

Breed

Color

Preventative Care History

1. Feline Leukemia/Feline Aids Test?

yes no unknown

date tested

results

2. Immunizations

FVCRP (Respiratory/Distemper Vaccination) yes no unknown

date last given

Rabies Vaccination yes no unknown

date last given

Feline Leukemia or other Vaccination yes no unknown

date last given

3. Flea Preventative? yes no

brand

date last given

4. What foods do you feed your cat? Dry/canned? Which brand(s)?

5. Where do you buy your cat food primarily? _____

6. How do you feed your cat? free-choice measured meal feeding? _____

How much?

7. Has your cat had any recent laboratory testing done? yes no



If your cat has received care from another veterinary facility, please let us know so we may retrieve records for our complete file.