

Owner's Name:

CAT CARE SUMMARY

Cat's Name:	Breed:	Sex:	In or Out?
Color:	DOB:	Declawed:	Temperament:

Vaccination Dates

FVR-CP							
Rabies							
FelV							
Microchip #							
Weight							

Infectious Disease Tests

FelV				
FIV				
Corona				
Toxo				
Bartonella				

Date:	SIGNIFICANT HISTORY:	BLOOD PRESSURE AVERAGES:																																																		
		<table border="1"> <thead> <tr> <th>Date</th> <th>SYS</th> <th>DIAS</th> <th>MAP</th> <th>HR</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Date	SYS	DIAS	MAP	HR																																													
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		<p>DENTAL RECORD:</p> <p>The dental record shows two rows of teeth. The top row is labeled '109' on the left and '209' on the right. The bottom row is labeled '409' on the left and '309' on the right. The drawings show various dental conditions, including missing teeth and crowns.</p>																																																		

CAT HEALTH QUESTIONNAIRE



Cat's Name: _____ Owner: _____ Date: _____

Breed: _____ Color: _____ DOB/Age: _____

Sex: Male Neutered Male Female Spayed Female Microchipped? Yes / No

Personality: Scaredy Cat/Anxious Laid Back Aggressive Sweet

Home Life: Indoor Only Indoor/Outdoor Outdoor Only

Where did you acquire your cat? _____ When? _____

Previous Veterinarian: _____

Current/Prior Medical Conditions: _____

Medications: _____

Foods Fed/Type: Dry: _____ Canned: _____

Treats: _____ How is food fed? Free choice Or meals

YES	NO	
_____	_____	Change in appetite? _____ UP _____ DOWN
_____	_____	Change in activity level? _____ UP _____ DOWN
_____	_____	Weight loss? _____ Weight gain? _____
_____	_____	Mouth problems? Difficulty eating _____ Swollen gums _____ Tarter _____ Bad Breath _____
_____	_____	Coughing? Frequency _____
_____	_____	Sneezing? Frequency _____ Watery _____ Mucous _____ Bloody _____
_____	_____	Vomiting? Frequency _____ Describe _____
_____	_____	Diarrhea? Frequency _____ Describe _____
_____	_____	Constipation? Frequency _____ Describe _____
_____	_____	Change in Drinking? _____ Increase _____ Decrease
_____	_____	Change in Urination? _____ Increase _____ Decrease
_____	_____	Litterbox Problems? _____ Urinates _____ Defecates Outside of Box _____ Frequently _____ Occasionally
_____	_____	Skin Problems? _____ Scratching _____ Wounds _____ Hair Loss _____ Lumps/bumps
_____	_____	Eye Discharge? _____ Frequently _____ Occasionally _____ Watery _____ Mucous _____ Dark
_____	_____	Lameness/Stiffness/Reluctance to jump _____ Constant _____ Periodic
_____	_____	Behavior Change? Please Describe _____
_____	_____	Adverse reaction to _____ Vaccines _____ Anesthesia _____ Medication _____ Other _____
_____	_____	Do you board and/or travel with your cat? Where? _____
_____	_____	Has your cat ever lived outside of Las Vegas? Where? _____
_____	_____	Other pets in the house? Describe _____

Summary of your concerns: _____



Welcome!



We are pleased to welcome you and your cat(s) to A Cat Hospital.
 Please take a few moments to fill in these forms as completely as you can.
 If you have any questions we will be glad to help you.
 Thank You!

Registration

Parent _____ Spouse/Co-Parent _____
 Cell Phone (_____) _____ Cell Phone (_____) _____
 Home Phone (_____) _____
 E-mail _____ E-mail _____
 Address _____ Apt/Suite # _____
 City _____ State _____ Zip _____

Work Information

<i>Parent</i>	<i>Spouse/Co-Parent</i>
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone (_____) _____	Work Phone (_____) _____

Do you have pet insurance? YES, I insure my pets through Healthy Paws Trupanion Pets Best VPI
 OTHER: _____
 NO, I don't have my pets insured. *Ask how pet insurance can save you money.

Whom may we thank for referring you to us? _____
 Number of Pets in Household: Cats _____ Dogs _____ Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my cat(s). I assume responsibility for all charges incurred in the care of my cat(s). I also understand that all fees are due at the time services are rendered and a deposit may be required for surgical treatment. There will be a service charge for any check returned unpaid. To prevent the spread of infectious disease, we require all boarded and hospitalized pets be current on all vaccines.

Signature of Parent _____ Date _____

