



New Patient Form - Feline

Patient Name:	Owner Name:
Sex:	Spayed/Neutered? YES NO NOT SURE
Date of Birth (or approximate date):	Microchipped? YES NO NOT SURE
Breed:	Color:

For us to evaluate your cat, it is very important that you are his/her voice. We'll use this information to evaluate your cat's health and individualize the care your cat receives, including vaccinations and examinations.

Please answer the following questions to describe your cat's lifestyle:

My cat is typically:	INDOOR	OUTDOOR	BOTH
My cat lives with other cats:	YES	NO	
My cat has been vaccinated within the past year:	YES	NO	
My cat has been FIV/Feline Leukemia Tested:	YES	NO	
My cat is declawed:	YES	NO	

Do you apply flea or heartworm prevention to your cat each month? If so, what do you use? _____

Is there anything else we should know about your cat? _____
