T.H.E. Cat HOSPITAL

INFORMATION SHEET

Client ID # _____

CLIENT INFORMATION	PATIENT INFORMATION
Owner's Name:	Patient's Name:
Address:	Breed (circle): *Domestic:* Short-hair Medium-Hair Long-Hair
City: Zip:	*Pedigree*:
Home Phone:	Sex (circle): Male Female M-Neutered F-Neutered
Work Phone:	Color:
Spouse/Roommate's Name:	How long have you had your cat?
Your Occupation:	Has your cat been tested for FELV? Result:
Employer's Name:	Does your cat live (circle): Indoors Outdoors Both
Employer's Address:	Has your cat been declawed?
Driver's Lic #: Exp:	Do you have other cats? How many?
Soc Security #	Where did you obtain your cat?
How did you find T.H.E. Cat Hospital (circle): Web Site	Is your cat on any medication?
Yellow Pages: Animal Shelter: Location/Sign:	Does your cat have a dietary problem?
or Referring Client's Name:	Does your cat have behavioral problems?

FOR OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

VACCINATION RECORD

Distemper								
Rabies								
Leukemia								
FIP								

MEDICAL HISTORY

Date	Wt	Hosp	Diagnosis/Plan