



AUBURN UNIVERSITY  
VETERINARY CLINIC

### Feline Patient Information Sheet

What is your reason for this appointment today?

When and where did your cat last receive vaccinations?

Is your cat currently receiving heartworm preventive medication? YES / NO

If yes, which product?

Last application?

Is your cat currently receiving flea/tick preventive medication? YES / NO

If yes, which product?

Last application?

Has your cat been tested for Feline Leukemia Virus and Feline Immunodeficiency Virus (FeLV/FIV)?

If yes, most recent date tested?

Please describe your cat's lifestyle in regards to staying indoors or outdoors?

Does your cat spend any time with you supervised outdoors? YES / NO

Is your cat spayed (female) / neutered (male)?

What food(s) does your cat eat?

Besides flea/tick/heartworm preventive, what other medications is your cat currently receiving?

Describe any exercise that your cat receives and how often.

Does your cat have a microchip? YES / NO

Besides spay/neuter, has your cat had any other previous surgeries? YES / NO

If yes, please describe.

Are you having any behavioral problems at home with your cat? YES / NO

If yes, please describe.

Please provide your e-mail address and best phone number for us to communicate with you in regards to your appointment today.

E-mail:

Phone number: