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: