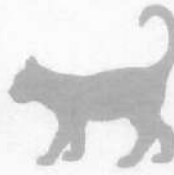


Wags 2 Whiskers Veterinary Hospital



New Patient Form - Feline

Patient's First Name:		Owner's Last Name:	
Sex:	Spayed/Neutered? YES NO NOT SURE	Microchipped? YES NO NOT SURE	
Date of Birth (or approximate age):			
Breed:		Color:	

For us to evaluate your cat, it is 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 mostly:	INDOOR OUTDOOR BOTH
My cat lives with other cats:	YES NO
My cat has been vaccinated within the last year:	YES NO NOT SURE
My cat has been FIV/Feline Leukemia Tested:	YES NO NOT SURE
My cat is declawed:	FRONT PAWS ALL FOUR PAWS NO

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

Do you have an insurance policy for your cat? If so, which company?

Has your cat been diagnosed with anything previously?

Is there anything else we should know about your cat?
