

CLIENT AND CAT INFORMATION

CLIENT # _____

CAT # _____ **FOR OFFICE USE ONLY**

▶ **START HERE** (PLEASE PRINT)

TODAY'S DATE _____

NAME OF CAT _____

AGE _____ YEARS _____ MONTHS _____

BREED: DSH DMH DLH PERSIAN
 SIAMESE OTHER

SEX: MALE FEMALE
 NEUTERED SPAYED

COLOR: _____

NO. OF CATS IN HOUSEHOLD: _____

OWNER: _____
First Last

SPOUSE: _____
First Last

ADDRESS: _____
Street Apt. #

_____ City State Zip

HOME #: () WORK #: () CELL #: ()

EMAIL: _____

May we contact you at work? Yes No What is the best time of day to reach you? _____

OCCUPATION _____ SPOUSE OCCUPATION _____

How did you hear about our clinic? Yellow Pages Hospital Sign Online Friend or Relative - Who? _____

CAT HISTORY

VACCINATION DATES: FVRCP _____ FELV _____
RABIES _____ DEWORMER _____

FECAL: _____ FELV/FIV TEST: _____

DENTISTRY/TEETH CLEANING: _____

What does your cat eat? (Brand) DRY _____ CANNED _____ OTHER _____

How long have you had your cat? _____

Is your cat indoor? _____ Outdoor? _____ Both? _____

How many hours a day does your cat go outside? _____

Any illness or surgeries we should know about? _____

Are any of the following a concern to you? Biting _____ Wetting _____ House Breaking _____ Spraying _____

Aggression to people or other animals _____ Excessive Itching or Scratching _____ Fleas _____

Vomiting _____ Diarrhea _____

ALL FEES MUST BE PAID AT TIME OF SERVICE. PLEASE INDICATE YOUR CHOICE OF PAYMENT:

Mastercard VISA Discover Cash Check

If paying by check, please give your Driver's License number: _____ Exp. Date: _____

Completed by: _____



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