

Country Cat Clinic

Cat Clinic of Washtenaw

6279 N. Territorial Rd. Plymouth, MI 48170 (734) 913-2287

Owner Information

Name: Last _____ First _____ Middle _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Drivers License: _____ Social Security: _____

Cat Information

Cat's Name: _____ Date of birth (or approximate age): _____

Sex: Male Male/Neutered Female Female/Spayed

Breed: _____ Color: _____ Short Hair Medium Hair Long Hair

Health Record

Date of last vaccinations: Distemper (FRTC/C): _____
Feline Leukemia: _____
Rabies: _____

Has your cat ever been tested for:

Feline Leukemia Virus (FeLV)? Yes No Date: _____
Feline Immunodeficiency Virus (FIV)? Yes No Date: _____

Have you noticed any of the following symptoms?

<input type="checkbox"/> Inappropriate Urination	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing w/Discharge
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Limping	<input type="checkbox"/> Sneezing w/out Discharge
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Increased Thirst
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Increased Urination
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Eye's swollen or watering	<input type="checkbox"/> Depressed	<input type="checkbox"/> Weakness
<input type="checkbox"/> Gagging	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Other: _____

Special Past History: _____

Current Medications: _____

What is your cat's current diet? _____

Does your cat go outside? Yes No

What other pets do you have? _____

Reason for Today's Visit: _____

I understand and agree that it is the policy of the COUNTRY CAT CLINIC to receive payment as services are rendered and that a deposit will be required upon admission to the clinic for treatment.



Signature: _____

Date: _____