

# Country Cat Clinic

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

## Owner Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Spouse: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

## 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?

Inappropriate Urination

Lack of Appetite

Sneezing w/Discharge

Bleeding Gums

Limping

Sneezing w/out Discharge

Breathing Problems

Loss of Balance

Increased Thirst

Coughing

Scooting

Increased Urination

Diarrhea

Scratching

Vomiting

Eye's swollen or watering

Depressed

Weakness

Gagging

Shaking Head

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: \_\_\_\_\_

*(payment as services are rendered and that a deposit will be required upon admission to the clinic for treatment.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_