

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?

- | | | |
|--|---|---|
| <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: _____

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

Signature: _____ Date: _____