



Adult Cat New Patient

Thank you for giving us the opportunity to care for your pet. Our Veterinarians and hospital staff are committed to the well-being of our patients and want our clients to be delighted with the care and information that you receive. To assist us in providing veterinary services that best meet your needs, please complete the following information.

Name of cat: _____ Date of Birth: _____ Age: _____

Sex: Male Female Neutered or Spayed Still intact

Breed: _____ Colour: _____

Do you have any other pet(s) at home? yes no

If yes, what type of pet? _____

I feel my cat's weight is: IDEAL OVERWEIGHT UNDERWEIGHT

My cat was last vaccinated: _____

My cat's last stool check for worms was: _____

Does your cat go outdoors? Yes No

Are you familiar with prevention products for fleas? Yes No

What flea prevention product do you commonly use? _____

Are there any particular behaviour or obedience concerns that you have with your cat?

Spraying Aggression Litter training Scratching

Other: _____

What diet (type/brand of food) are you currently feeding your cat? _____

Dry(amount) _____ Canned(amount) _____ Both (amount) _____

Do you give your cat treats? _____ If so, what type? _____

How would you describe your cat's skin coat quality?

Dull/dandruffy Sheds a lot O.K. Excellent

How would you describe your cats drinking habits?

Normal Seems to drinks alot I don't see my cat drinking

My cat's bowel movements are: Loose Hard Normal

Do you plan to trim your cat's nails? Yes No

Would you like an animal health professional to teach you how to trim your cats nails?

Yes No

Are there any issues or concerns regarding your pet that you would like to discuss?

Thank you for taking the time to complete this information about your cat.