



9151 Ustick Road • Boise, Idaho 83704  
(208) 327.7706 • Fax (208) 327.0676  
www.CatDr.com

## PATIENT INFORMATION SHEET

Owner's Name: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Birth Date or Approximate Age: \_\_\_\_\_

**Gender:**

Female   Spayed?  No  Yes    Male   Neutered?  No  Yes

**Breed:**

Domestic Short Hair

Domestic Medium Hair

Domestic Long Hair

Other: \_\_\_\_\_

**Color:** \_\_\_\_\_

**Miscellaneous:**

How long have you had this cat? \_\_\_\_\_

Where did you get this cat? \_\_\_\_\_

Does this cat go outside?    Never    Supervised only    Occasionally    A lot

Has this cat been declawed?    No  Yes

Microchipped?  No  Yes   # \_\_\_\_\_

**Test & Vaccine History:**   *(If you brought veterinary records with you, you can skip the remainder of this form.)*

Date of last FVRCP (Distemper/Upper respiratory) vaccine: \_\_\_\_\_

Date of last FeLV (Feline Leukemia) vaccine: \_\_\_\_\_

Date of last Rabies vaccine: \_\_\_\_\_

Where were these vaccines done? \_\_\_\_\_

Tested for Feline Leukemia/FIV?    No  Yes   Results: \_\_\_\_\_ Date: \_\_\_\_\_

*Abnormalities, previous problems, drug/vaccine reactions:* \_\_\_\_\_