

CLIENT AND CAT INFORMATION

CLIENT # _____
CAT # _____ **FOR OFFICE USE ONLY**

► **START HERE** (PLEASE PRINT)

TODAY'S DATE _____

NAME OF CAT _____

AGE: YEARS _____ MONTHS _____

BREED: ☐ DSH ☐ DMH ☐ DLH ☐ PERSIAN
☐ SIAMESE ☐ RAGDOLL ☐ OTHER

SEX: ☐ MALE ☐ FEMALE
☐ NEUTERED ☐ SPAYED

COLOR: _____

NO. OF CATS IN HOUSEHOLD: _____

CLIENT 1: _____
First Last Pronoun

CLIENT 2: _____
First Last Pronoun

ADDRESS: _____
Street Apt. #

_____ City State Zip

PHONE 1 #: () _____ PHONE 2 #: () _____ PHONE 3 #: () _____

EMAIL: _____

What is the best time of day to reach you? _____

CLIENT 1 OCCUPATION _____ CLIENT 2 OCCUPATION _____

How did you hear about our clinic? ☐ Hospital Sign ☐ Online ☐ Friend or Relative - Who? _____

CAT HISTORY

VACCINATION DATES: FVRCP _____ FELV _____
RABIES _____ DEWORMER _____

FECAL: _____ FELV/FIV TEST: _____

DENTISTRY/TEETH CLEANING: _____

What does your cat eat? (Brand) DRY CANNED OTHER

How long have you had your cat? _____

Is your cat indoor? _____ Outdoor? _____ Both? _____

How many hours a day does your cat go outside? _____

Any illness or surgeries we should know about? _____

Are any of the following a concern to you? Biting _____ Wetting _____ House Breaking _____ Spraying _____

Aggression to people or other animals _____ Excessive Itching or Scratching _____ Fleas _____

Vomiting _____ Diarrhea _____

ALL FEES MUST BE PAID AT TIME OF SERVICE.



**3998 S. Broadway
Englewood, CO 80113
303-781-8540**