

Cat Care Summary

All About Cats Veterinary Hospital 4370 S. Durango Drive Las Vegas, Nevada 89147 ph (702) 257-3222

Owner's Name:	Cat's Name:	Breed: Short or Long Hair or Other:
Color:	Male or Female (circle) Already Sterilized? Yes / No	Date of Birth or Age

Is your cat declawed? No / Yes Front only____ All Four ____

Does your cat go outdoors? No / Yes If yes, is your cat supervised continuously when outside? Yes / No

Is your cat on any medications or supplements currently? _____

What type of food do you feed your cat? Wet____ Brand Name: _____

Dry____ Brand Name: _____

Has your cat been vaccinated with in the year? No / Yes When? _____

Previous Veterinarian/ Hospital: _____

How did you receive your cat? _____ When? _____

How old was your cat when you first adopted him/her?(estimates OK) _____

List all the states or countries where your cat has lived or visited: _____

To your knowledge, has this cat ever had FLEAS or TICKS? No / Yes

How many cats (indoor or outdoor) live at the same residence with this cat? _____

What type of pets, other than cats, live with this cat? _____

Please circle any symptoms or problems that you have noticed about your cat.

- | | | |
|----------------------|-----------------------|-----------------------|
| Bad Breath | Lack of Appetite | Sneezing |
| Behavior Problems | Limping | Stiffness |
| Breathing Difficulty | Litter box Problems | Thirst increase |
| Coughing | Nasal Discharge | Vomiting |
| Eye Discharge | Scratching at body | Depression / Lethargy |
| Diarrhea | Increase in urination | Hyperactivity |
| Wobbly | Shaking head | |
| Other _____ | | |

THIS AREA FOR OFFICE USE ONLY

DATE OF FELV TEST	DATE OF FIV TEST	MICROCHIP NUMBER