

## 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