

Bay Hill Cat Hospital

Patient/Client information

Date ____/____/____
Owners Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home telephone (____) _____ Work telephone (____) _____
Cell telephone (____) _____
Employers Name _____
Employers address _____
Spouse/Others Employers Name _____
Spouse/Others Employers address _____
E-Mail address (if any) _____
Emergency contact if you are not available _____ telephone _____

Patient Information

Patients Name _____ Breed _____
Pets age or date of birth _____ Is the patient declawed? No / Front feet / all four feet
Sex: Male _____ Female _____ Is the patient spayed or neutered? Yes _____ No _____

Approximate date (month/year) of last:

Vaccinations

FVRCP _____
Feline Leukemia (FeLV) _____
Feline infectious peritonitis _____
Rabies _____
Previous veterinary hospital _____
Current or recent medications _____
Briefly list any major illnesses or surgical procedures: _____

Laboratory tests

Fecal exam _____
Feline Leukemia test _____
Feline Immunodeficiency virus test _____
Thyroid level _____
Telephone (____) _____

Patient lives: indoors only / outdoors only / indoors and outdoors
Patient is fed: free choice / once daily / twice daily / other
Usual brand of food fed: _____ canned / dry / semi-moist
Litterbox filler: plain clay / scented clay / clumping / does not use litterbox

How did you first hear of our hospital?

- Individual: someone we may thank? _____
 Hospital sign Yellow Pages Other: _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED PATIENTS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my cat when hospitalized or boarded.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of owner _____