PATIENT DATA

Killarney Cat Hospital Tel.: 246-1115 felinefriends@catdoctor.ca

AAHA AMERICAN ANIMAL HOSPITAL ASSOCIATION Accredited Practice

OWNER _____ BREED _____

CAT'S NAME and/or NICKNAME_____ COLOUR _____

BIRTHDATE_____ TATTOO NUMBER _____

NEUTERED Y N MICROCHIP NUMBER _____

DECLAWED Y NO

Place of purchase: Private___ Pet store___ Cat breeder___ SPCA___ Other_____

Is this a first pet for you or for your family? Yes___ No___

Is your cat due for vaccination? Yes___ No___ I do not know___

Please list any medical problems your pet has had in the past: _____

_____

Is your pet currently on medication or a special diet? Please describe: _____

_____

Is your cat allergic to anything? No _____ Yes ____ describe _____

Previous veterinary clinic where past medical records can be obtained if necessary_____

_____

Has your pet been insured? Yes ___ No ___ if yes, please indicate which provider: Petplan ___ Petcare _____

type of policy _____

X-RAY NUMBER:	INSURANCE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

ALERT DATA (all warnings, vaccination reactions; drug intolerance…)

Date	Problem	Resolved

HISTORY

Date	#	Problem list	Resolved	Initials

HEALTH MAINTENANCE

FVRCP										
FELV										
RV										
Fecal exam										
Blood test										
FELV/FIV test										
FIP test										
Dental prophy										