



Welcome to Affectionately Cats Veterinary Hospital

In order to provide the best veterinary care possible for your cat, please take a moment to complete this medical form. **Please print.**

Owner's First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Employer _____

Contact information Cell _____ Home _____ Work _____

Email _____

Spouse/Partner _____

Emergency Contact Name _____ Cell _____

Cat's Name _____

Male/Female _____ Spayed/Neutered _____ Date or year of birth _____

Breed _____ Color _____ How long have you had your cat? _____

Other pets in your household _____

Previous veterinarian or hospital _____

Is your cat current on vaccinations? __ Yes __ No __ Unknown

What does your cat eat? __ Canned __ Dry List brand(s) _____

Does your cat go outside? __ Yes __ No __ Supervised only

Does your cat have any chronic medical problems? ___ No ___ Yes, (please describe) _____

Does your cat take any medications? __ No __ Yes (please list) _____

Is your cat on any flea/tick prevention? __ No __ Yes (please list) _____

Is your cat on heartworm prevention? __ No __ Yes (please list) _____

Is your cat sensitive/allergic to medications, food, vaccinations, or anesthesia? __ No __ Yes (please list) _____

Please check off the problem(s) your cat is having:

- | | |
|---|--------------------|
| Vomiting __ | Limping __ |
| Change in thirst: Increased __ Decreased__ | Coughing __ |
| Change in urination: Increased __ Decreased__ | Sneezing __ |
| Change in stool: Soft __ Hard/dry __ | Skin problem __ |
| Urine out of Litter Box __ | Behavior change __ |
| Defecation out of Litter Box __ | Aggression __ |
| Change in appetite: Increased __ Decreased __ | Seizures __ |
| Change in activity: Increased __ Decreased __ | Other: _____ |

How did you hear about Affectionately Cats Veterinary Hospital?

- Affectionately Cats Website
- Hospital Sign
- Yellow Pages
- Newspaper (please specify) _____
- Referred; whom may we thank? _____

All Fees are due at the time services are rendered. Please indicate method of payment

- Cash/Check Debit/Credit Card Care Credit

I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release.

Signature of Owner/Responsible Party _____ Date _____

Please note: Animals are not attended overnight.