

# Patient Information Sheet



North County  
Cat Hospital

Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Length of Time Owned: \_\_\_\_\_

Sex: Female  Male  Spayed or Neutered? Y  N

Breed (if known): \_\_\_\_\_ Color: \_\_\_\_\_

Does he/she spend any time outdoors? Y  N

How often does he/she have potential contact with outdoor / unknown cats?

Often  Rarely  Never

Does he/she have a microchip? Y  N  # \_\_\_\_\_  
(If you do not know the number, we can scan it.)

## Medical History:

Previous/current diseases: \_\_\_\_\_

Dates of Most Recent Vaccines: FeLV (Feline Leukemia) \_\_\_\_\_

FVRCP (Distemper, 3-in-1 or 4-in-1) \_\_\_\_\_

Rabies \_\_\_\_\_

Other \_\_\_\_\_

Date and Results of Most Recent FeLV/FIV Test: \_\_\_\_\_