

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

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: _____
