



New Client Questionnaire



Cat Details

Reference No:

Cat's Name:

Cat's Age or
Date of Birth:

Breed:

Sex: ☒ Male: ☐ Female: ☐

Is your cat
neutered? ☒ Yes: ☐ No: ☐

Your Details

Full Name :

Address:

Postcode:

Email Address :

Phone Number :

Vet Details

Veterinary
Practice Name:

Address:

Postcode:

Email Address :

Phone Number :

How did you hear about Purrfect Feline Care? ☒

☐ Website ☐ Social Media ☐ Friend ☐ Other

Would you like to receive our newsletter via email? ☒ Yes ☐ No

I give permission for Purrfect Feline Care to contact my cat's veterinary practice to obtain clinical records and liaise with the veterinary surgeons to provide care for my cat.

Signed:

Print:

Date:

Contact us :

susie@purrfectfelinecare.co.uk

Contact us :

07957 309472



New Client Questionnaire Continued



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Cat's Age or
Date of Birth:

Breed:

Sex: ☒ Male: ☐ Female: ☐

Is your cat
neutered? ☒ Yes: ☐ No: ☐

Where did you get your cat from?

Breeder: ☐ Rescue: ☐ Online: ☐ Friend/Neighbour: ☐ Stray: ☐

Other, please explain:

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Sex: ☒ Male: ☐ Female: ☐

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