Owner's Full Name:	
Cat's Name:	
Breed:	Sex: ☐ Female ☐ Male ☐ Spayed/Neutered
Color:	Date of Birth / Age:
Is your cat: ☐ Declawed on front feet ☐ Declawed all four feet ☐ Not declawed	
Is your cat microchipped? ☐ Yes ☐ No ☐ Unknown	
How did you obtain your cat? ☐ Shelter Adoption ☐ Stray ☐ Born in household ☐ Purchased ☐ Other: ________________ At what age? ____________________________	
Does your cat live: ☐ Indoors only ☐ Indoors and screen porch ☐ Indoors but escapes occasionally ☐ Indoors / outdoors supervised ☐ Indoors / outdoors unsupervised ☐ Outdoors only Are there other pets in your household? If so, how many?: ☐ Cats: ________ ☐ Dogs: ________ ☐ Other: ________ Do the other pets in your household go outside? ☐ Yes ☐ No	

Medical History

Does your pet have a history of: ☐ Allergies? ________________________________ ☐ Illness? ________________________________ ☐ Surgeries? ________________________________
Is your pet on any medications? ☐ No ☐ Yes: ________________________________
May we contact your previous veterinarian for copies of your cat's medical record? ☐ No ☐ Yes Hospital name: ___________________________ Phone: ________________

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal, and these charges will be paid at or before the time of release.

Signature: ____ Date: _______________________