



New Patient Information

Cat's Name _____ Date of Birth _____

Breed _____ Color _____

Sex (Circle One): Male Female Altered (Circle One): Yes No

Declawed(Circle One): Yes No Lifestyle: _____% Indoors
_____ % Outdoors

Diet (dry, wet, or both and brand): _____

Known illnesses or allergies: _____

Other pets at home: _____

Pet Insurance Company, if applicable: _____

Vaccination History (date of last given)

_____ Rabies _____ FVRCP _____ FeLV

_____ FeLV/FIV test

Previous Veterinary Hospital _____ Phone Number _____

I declare that I am the authorized owner or agent of the above described pet, and that as such, I am responsible for all medical decisions and payment. I understand that payment is due at the time services are rendered. All records are the sole property of Just Cats Clinic.

_____ Signature _____ Date