Welcome!

The doctors and staff at Feline Specialties Veterinary Hospital would like to extend a very warm welcome and thank you for selecting us to provide healthcare for your cat. The benefits of a happy, healthy kitty are immeasurable. Please take a few minutes to fill out this form as completely as possible. The better we communicate, the better we can serve you and your kitty!

Caregiver Information.....

Date:______________________

Owner:____ Spouse:____________________________________

Address:____ City:___________________Zip:_____________

Home Phone:________________ Cell Phone:__________________ Spouse's Cell Phone:_______________

E-mail :____

Place of Employment:____ Work Phone:_____________________

Spouse's Employer:____ Work Phone:_____________________

Owner's birth date:_____________________ Owner's SS# or Driver's License #:____________________________

How did you learn of our hospital? ☐ Yellow Pages ☐ Sign ☐Internet ☐Other:__________________________

☐ Recommendation ; someone we may thank?__________________________

Number of Pets: Cats:______________ Dogs:________________ Other (specify)__________________________

Patient Information.....

Cat's Name:______________________________ Breed:_________________________ Color: __________________

Birthdate:_________________ ☐ Male ☐ Neutered ☐Female ☐Spayed

Does your cat go outdoors? ☐Yes ☐ No Do any other cats in the household go outdoors? ☐Yes ☐No

Vaccination History (Date and type of last vaccination):____

Specify any vaccine to which your cat has ever had a reaction:____

Specify problem(s) for which your cat has been treated in the past:_______________________________________

____

Current medications (if any):____

Cat's current diet:_______________________________________ Current flea control:_________________________

Please check any symptoms or problems that you have noticed about your kitty.

☐Behavior	☐Gagging	☐Scooting	☐Sneezing
☐Breathing Problems	☐Lack of Appetite	☐Scratching	☐Thirst and/or Urination Increased
☐Coughing	☐Limping	☐Seems Depressed	☐Vomiting
☐Diarrhea	☐Loss of Balance	☐Shaking Head	☐Weakness

Authorization to Treat.....

I hereby authorize Drs. Zinn and O'Cain to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner:____ Date:________________________