



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 Cell Phone: _____

E-Mail: _____

Place of Employment: _____ Work Phone: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Owner's birth date: _____ Owner's SS# or Driver's License #: _____

Preferred Method of Contact: Phone Text Text/Phone E-mail

How did you learn of our hospital? Sign Internet Other

Recommendation; someone we may thank? _____

Media Release...

I agree to allow Feline Specialties to use my pet's name and photographs for publicity, illustration, advertising, web-site, and all social media.



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

Previous clinic your cat has been to so we may request medical records? _____

Current medications (if any): _____

Cat's current diet: _____

Current flea control: _____

Number of Pets: Cats: _____ Dogs: _____ Other (Specify): _____

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Gagging | <input type="checkbox"/> Scooting | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Scratching | <input type="checkbox"/> Thirst and/or Urination Increased |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Limping | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Weakness |

Additional Comments: _____

Authorization to Treat...

I hereby authorize Drs. Zinn, O'Cain and Palmer 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: _____