



Feline Registration

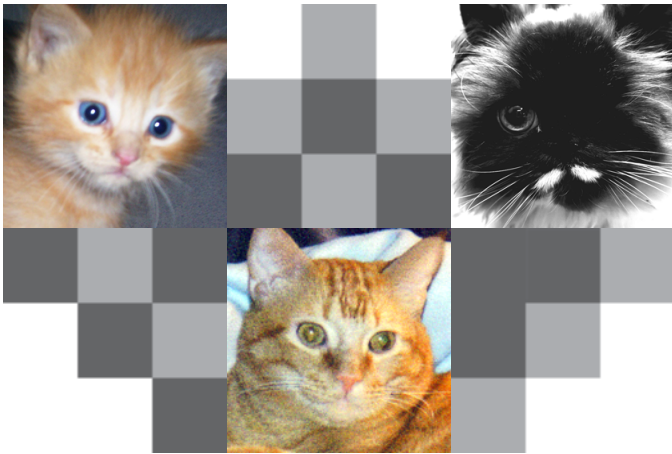
Cat

Name _____
Species _____
Breed _____
Color _____
DOB _____ If unknown, please estimate month and year
Sex ☐ F ☐ Spayed ☐ M ☐ Neutered
Weight _____ lbs _____ oz
Microchip ☐ No ☐ Yes number _____
Known allergies _____

Vaccination History

Please enter the date of the last vaccination.

Bordatella _____
DRC _____
DRCP _____
Leukemia (FELV) _____
Leukemia-FIV _____
Rabies _____ ☐ 1 year ☐ 3 year



Authorization

Signed: _____

Health Profile

How many cats do you have? _____

Do you have other pets?

☐ Yes please list _____

☐ No

What type of home do you live in?

☐ Apartment ☐ House

Do you live in the country or on a farm? ☐ Yes ☐ No

How many litter boxes do you have per cat? _____

Does your cat go outside? ☐ Yes ☐ No

Is your cat declawed? ☐ Yes ☐ No

How much exercise do you think your cat gets?

☐ Very little ☐ An extreme amount

☐ A moderate amount

What type of food do you feed your cat?

☐ Dry brand _____

☐ Canned brand _____

Do you have any children? ☐ Yes ☐ No

Who is the main caretaker of your cat? _____

How often do you take your cat to the veterinarian?

☐ When sick or emergency

☐ Every 6 months

☐ Monthly

☐ More than once a month

Do you brush your cat? ☐ Yes ☐ No

Is your cat up to date on its vaccinations?

☐ Yes ☐ No ☐ Don't know

Do you use a flea/tick preventative?

☐ Yes name _____

☐ No

☐ Don't know