**New Feline Patient**

**Here at VCA Schaumburg Animal Hospital we pride ourselves on the individualized care we give each pet. Communication between the staff, doctor, and pet family are paramount to providing proper care. By providing us with the detailed information below you are partnering with us in developing a wellness plan catered to your pet’s unique needs.**

Cat’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female Spayed/Neutered? Y or N

Client’s Last Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB / Age : \_\_\_\_\_\_\_\_\_\_ Breed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip # : \_\_\_\_\_\_\_\_\_\_\_\_\_ Where did you get your cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions or medications that we should know about? \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous veterinary clinic, if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your cat currently have pet insurance? Y or N

Are you interested in learning more about pet insurance today? Y or N

**DATES OF LAST CORE (those that ALL cats should receive) SERVICES:**

Feline Rhino, Calici, and Panleukopenia Vaccine (aka Distemper) : \_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination : \_\_\_\_\_\_\_\_\_\_\_\_\_

Fecal Exam for Intestinal Parasites : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Tests (Blood, Urine, etc…) : \_\_\_\_\_\_\_\_\_\_\_\_

**Non-Core Services (dependent on individual needs):**

Feline Leukemia Vaccine : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Vaccinations : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flea/Tick Prevention : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Product? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Receptionist/Tech Initials\_\_\_\_\_\_\_\_\_**