

# VCA Schaumburg Animal Hospital

## New Feline Patient

Here at Schaumburg Veterinary 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 or approximate age \_\_\_\_\_ Breed \_\_\_\_\_ Colors \_\_\_\_\_

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

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

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

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

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

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

Laboratory Tests (Blood, Urine, etc...) \_\_\_\_\_

Where were these done previously? \_\_\_\_\_

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

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

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

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

Intestinal Parasite Prevention \_\_\_\_\_

### **Tell us some more please:**

Is your cat exposed to the outdoors? YES  NO

What food does your cat eat? \_\_\_\_\_ How much? \_\_\_\_\_

Do you know any family medical history for your cat? YES  NO

Are there other pets in house? YES  NO  Who? \_\_\_\_\_

Does your cat board or go to a groomer? Mark yes to either. YES  NO

Do you travel with your cat? YES  NO  Where to and what seasons? \_\_\_\_\_

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