



Texas Veterinary Hospitals

Pet Information FELINE

Cat's Name _____

Date of Birth (or AGE)

Sex _____ Spayed or Neutered? () Yes () No

Breed

Color _____

Microchip Number

What brand and type of food do you feed your pet?

Help us learn more about your dog by checking all of the following that apply:

- () My cat lives totally indoors, never going outside, even on an enclosed porch. *
- () I feed the strays in my neighborhood Δ
- () My cat never sits in an open window or is exposed to the outside *
- () My cat is declawed *
- () My cat loves to sit on the screened in porch or on the sill in front of an open window.
The porch or window is located on the () first floor Δ () second floor or above *
- () My cat stays in the backyard at all times Δ
- () My cat is outdoors only, never coming indoors Δ
- () My cat is indoors most of the time and only goes outside in the backyard Δ
- () My cat loves to roam the neighborhood Δ

- My cat gets into fights with: other cats dogs other Δ
- My cat goes to the groomer every _____ weeks Δ
- The groomer comes to my premises to bathe my cat *
- My cat has tested positive for feline leukemia in the past
- My cat has tested positive for feline AIDS in the past
- My cat goes to shows □
- My cat is used for breeding/lives in a cattery ∞
- My cat was purchased from a pet store/humane society/animal control (*Circle the one that applies*)
- My cat boards at a kennel when we go away on vacation Δ
- My cat travels with us on vacation Δ
- A pet sitter comes to my house when we go away on vacation *
- I, or someone in my family experience chemotherapy, diabetes or another immune suppressive disease. Δ
- My cat was a stray