All Cats Hospital
New Patient Information

<table>
<tr><td colspan="2">Cat's Name:</td></tr>
<tr><td>Breed:</td><td>Sex: ☐Female ☐Male ☐Unknown</td></tr>
<tr><td colspan="2">Has your cat been spayed or neutered? ☐Yes ☐No ☐Unknown</td></tr>
<tr><td colspan="2">Color (Description):</td></tr>
<tr><td colspan="2">Date of Birth or Approximate Age:</td></tr>
<tr><td colspan="2">Is your cat : ☐Not Declawed ☐Declawed on Front Feet ☐Declawed all 4 Feet</td></tr>
</table>

Medical History

<table>
<tr><td colspan="2">Has your cat been vaccinated within the past 12 months? ☐Yes ☐No
Please check the vaccines given:
☐Feline distemper/upper respiratory virus ☐Rabies ☐Feline Leukemia Virus (Felv)</td></tr>
<tr><td colspan="2">Has your cat ever been vaccinated against Feline Immunodeficiency Virus (FIV)? ☐Yes ☐No</td></tr>
<tr><td colspan="2">Does you cat live:
☐ Exclusively indoors (includes screened patio) No exposure to outdoor cats
☐ Lives outdoors
☐ Is indoors, but does go outside unsupervised
☐ Indoors only, but another cat in household goes outside
☐ Indoors only, but occasionally escapes
☐ Lives indoors, goes outside under direct supervision, is never alone</td></tr>
<tr><td colspan="2">Has your cat ever been tested for Feline Leukemia Virus? ☐Yes ☐No ☐Not Sure
Result: ☐Positive ☐Negative ☐Not Sure</td></tr>
<tr><td colspan="2">Has your cat ever been tested for Feline Immunodeficiency Virus? (FIV) ☐Yes ☐No ☐Not Sure
Result: ☐Positive ☐Negative ☐Not Sure</td></tr>
<tr><td>Previous Veterinary Hospital:
If needed, may we contact them for copies of your cat's medical record?
☐Yes ☐No</td><td>Phone:</td></tr>
<tr><td colspan="2">Please list any diseases, allergies, or major surgeries.</td></tr>
</table>