

**Owner Contact information( if new client?)**

Owners Name:  
Spouse/Other's Name:  
Address:  
City:  
State, Zip  
Phone:  
Alternate phone:  
Email:

**Referral information**

Referring Veterinarian:  
Referring practice:  
Address:  
City:  
State, Zip:  
Phone:  
Last vaccinated on:  
For:  Rabies  FVRCP  
 FeLV  Other: \_\_\_\_\_

*About My Cat if you have more than one cat, please repeat this section for each cat. We need only your name on the top half of each additional cat's Enrollment Form. You do not have to repeat address, phone, etc*

**Cat's Name:** \_\_\_\_\_  
**Nickname (if applicable):** \_\_\_\_\_  
**Age or Date of Birth:** \_\_\_\_\_  
**Coat length:**  Short  Medium  Long  
**Breed:** \_\_\_\_\_  
**Coat Color:** \_\_\_\_\_  
**Sex:**  Neutered male  Intact male  
 Spayed female  Intact female

**Best description of your relationship with your cat?**

Best friend  Companion  Feral/stray  Barn cat/mouser

**Temperment at the vet:**

Unknown  Outgoing/social  
 Shy/timid  Aggressive

**What other animals and/or cats are in your family?**

**Has this cat ever shown any allergies or reactions to drugs, food, vaccines, pollens or insects? (describe)**

**\*\*in the content below, the bold words are the questions and the following un-bold are the user selectable answer options. I think some should be fillable lines, some just check box yes/no, but the majority with the extensive options could be drop down to keep the form as user friendly but short. Can you select multiple dropdown options? (i.e. what food does your cat get 1. Dry 2. Canned) \*\*\***

**What is the indoor / outdoor status of your cat?** Indoor Only, Indoor/Outdoor (Supervised), Indoor/Outdoor (Deck Only), Outdoor/Indoor, Outdoor Only, Hunts, Feral, Fights, Possible interaction with outdoor cats

**What current medications is your cat taking?** (owner fillable line)

**What (if any) relevant past medications has your cat been given?** (owner fillable line)

**What is your ability to give med/treatments?** None, Pills, Liquid, Injections, Transdermal, Unknown -never tried

**What food (brand) and snacks does your cat get?** (line for brand), Dry, Canned, Quantity, Frequency, free choice

**How is your cats appetite?** Good, Ravenous, Picky, Refuses Food, Unknown

**How is your cats thirst?** Normal, Poor, Absent, Excessive, Sits by water bowel but doesn't drink

**What are your cats urination patterns?** Normal, Excessive amount, Frequent trips - many small spots, Bloody, Straining, Posturing frequently, Trying but none produced, Spraying

**What are your cats bowel movements?** Normal, Regular, Soft, Diarrhea, Straining, Blood yes, Blood no, Mucus yes, Mucus no, Constipation, Hard, Dry, Uncertain, Defecating outside the litter box (DOOB)

**Is your cat coughing?** No, Occasional but within normal limits, Yes above normal, crouched low, head extended, tongue slightly out, gag, retch

**Is your cat sneezing?** No, Occasional but within normal limits, Yes above normal, Nasal discharge present, clear, yellow, green, Unilateral discharge, Bilateral discharge

**Is your cat vomiting?** No, Yes - Hairballs, Yes - Food, Yes - Fluid, Yes - Plants / Grass, Yes - Worms, Plays with small objects (string, thread, small round objects), Hard to tell - multicat household

**How often does your cat vomit?** Not applicable, Multiple times per day, Daily, 2-3 times per week, Weekly, 1-3 times per month, Every 4-6 weeks

**What is your cats activity level?** Normal, Unable to jump, Acting old, Limping / sore, Painful, Arthritis suspect, Hyperactive

**What are your cats grooming / haircoat like?** Normal, Dandruff, Matted, Mini mats, Excessive, Skin lesions present, Scratching, Fur mowing, Seasonal pattern to itchiness

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**Is your cat showing inappropriate elimination of?** Urine, Stool, Both  
**How long has your cat been inappropriately eliminating?** (user fillable line)

**In how many locations have you seen this inappropriate elimination?** 1, 2, 3, 4, 5, Numerous, Owner's bedroom, Guest bedroom, Child's bedroom, Bathroom- master, Bathroom -guest, Bathroom -powder, Dining room, Living room, Family room, Kitchen, Basement, Office, Hallway, Sunroom

**In how many rooms?** 1, 2, 3, Numerous

**On what type of surface?** Carpet, Hardwood flooring, Tile, Laminate, Linoleum, Clothing items, Owner's bed, Potted plants, Paper products, Leather couch / seat, Cloth couch / seat, Sink, Stove, Bathtub

**Can any rooms be closed off from cats?** Yes, No

**Number of cats total in household?** Only cat, 2, 3, 4, 5, other:

**What is the pecking order in the house?** Alpha cat -female, Alpha cat -male, Middle cat(s), Pariah cat (submissive) -female, Pariah cat (submissive) -male, Neutral, Unknown, Guard cat

**How many litterboxes are offered?** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

**What is the style of litterbox?** Open top, Covered, Liner -YES, Liner -NO, Door on litterbox -YES, Door on litterbox -NO

**How long has this litter been used?** Used for more than a year, New within past month, New within past 3 months, New within past 6 months

**How often is the litterbox cleaned?** Once a day, Twice a day, Three times a day, Every other day, 2-3 times a week, Monthly

**How often is the litterbox dumped and scrubbed?** Monthly, Weekly, Never, Twice a month, Quarterly, Yearly

**What are the litter box sides?** Low (2" or less), Normal (2-4"), High (4" or more), Unknown

**Is there a new person or pet in the household?** Yes, No

**Has a pet or person left the household?** Yes, No

**Is there new carpet, drapes, furniture?** Yes, No

**Has there been rearrangement of furniture?** Yes, No

**Have you moved to new home?** Yes, No

**Is there fighting within household?** Yes, No

**Are there new cats in area -visible outside?** Yes, No, Unknown

**Is your cat reluctant / refusal to jump?** Yes, No

**Does your cat sit or lie down slowly?** Yes, No

**Does your cat have difficulty with stairs?** Yes, No, Not applicable -no stairs



Does your cat walk / run with a limp? Yes, No  
Can your cat raise the tail upward? Yes, No  
Is your cat hiding or less interactive than normal? Yes, No  
Have there been changes in temperament? Increased aggression, Yes, No  
Is your cat uncomfortable when being picked up? Yes, No  
Does your cat have a hunched posture? Yes, No  
Is your cat protecting a particular body part? Yes, No  
Please include any additional information we need to know: (owner fillable line)

**Authorization and acceptance of responsibility:**

*I hereby authorize Cat Specialist, P.C. to examine, prescribe for, or treat the above described cat, on this initial visit and on all subsequent visits. I assume responsibility for all charges incurred in the care of this cat. I also agree to pay these charges, in full, at the time services are rendered, unless other arrangements are made prior to treatment. I understand that if this cat must be hospitalized at Cat Specialist and treated as an in-patient, I am expected to pay these charges at the time the cat is discharged. I understand that there may be a deposit required prior to hospitalization and treatment. In case of extensive hospitalization and ongoing treatment, I understand that I may be expected to pay my cat's charges on a weekly basis*

Signature of Owner or Responsible  
Party \_\_\_\_\_ date: \_\_\_\_\_