



Thank you for giving Community Animal Hospital the opportunity to care for your pet. At Community Animal Hospital our staff is committed to providing your pet with the very best medical care. Please provide the following information so that we can begin your pet's medical record (please print).

## Get Acquainted Form for Cat Owners

### Owner Information

Owner's Last Name:	First:	M.I.
Mailing Address/Apt. No.		Zip Code:
Home Phone:	Work Phone:	Occupation:
e-mail:		fax:
Spouse/Partner:		
Work Phone:	email:	Occupation:

### Pet Information

Name:	Birthdate (Mo/Yr):
Breed: <input type="checkbox"/> Domestic Shorthair <input type="checkbox"/> Domestic langhair <input type="checkbox"/> Purebred:	
Sex: <input type="checkbox"/> Male (Neutered) <input type="checkbox"/> Male (Intact)	Microchip ID: <input type="checkbox"/> No <input type="checkbox"/> Yes ID# _____
<input type="checkbox"/> Female (Spayed) <input type="checkbox"/> Female (Intact)	Lifestyle: ___% Indoor ___% Outdoor
Declawed: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Front <input type="checkbox"/> Rear	
Color/Description:	

### Vaccination/Exam History

	Month/Year		Month/Year
Feline Respiratory/Distemper	_____	Fecal Exam	_____
Feline Leukemia Vaccination	_____	Feline Leukemia Test	_____
Rabies (1 year, 3 year)	_____	FIV (Feline AIDS) Test	_____
Previous Doctor or Hospital?			
Previous Illness or Surgery:			
Normal Diet (wet/dry, specific brands):		Known Allergies, Drug or Food Intolerances:	
Other Animals at home: <input type="checkbox"/> No <input type="checkbox"/> Yes (type & number)			
Currently using Heartworm Preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently using Flea Preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where/when did you acquire your pet?			
How did you become aware of our hospital? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Location <input type="checkbox"/> Previous Pets <input type="checkbox"/> Referred By:			

### Payment Policy

Professional fees are to be paid at the time services are rendered. WE DO NOT BILL. It is our policy to provide a written estimate of fees whenever hospitalization or emergency care is needed.

**Method of Payment:**  Check  Cash  VISA/MASTERCARD/DISCOVER