

Feline Registration

Please complete the following:

Pet's Name: _____ Breed: _____

Sex (circle one): Male Female Spayed/Neutered (circle one): Y / N

Date of Birth: _____ Color: _____

Previous Veterinarian (if applicable):

Vaccination, Labs & Diagnostics History:

<u>Vaccine</u>	<u>Date Given (or approx.):</u>	<u>Lab or Diagnostic:</u>	<u>Date Performed:</u>
FeLv	_____	Fecal Float/Cytology	_____
FVRCP	_____	Heartworm Exam	_____
Rabies	_____	Ultrasound	_____
		X-Rays	_____
		CBC/Bloodwork	_____

Has your pet ever tested positive for Heartworm disease? Yes No

Does your pet have any allergies or allergic reactions we should know about? If so, what: _____

What Heartworm prevention is your pet currently on? _____

What do you feed your pet? Brand and Frequency? _____

Is your pet currently on any medication? If so, what? _____

Should any precautions be taken in caring for your pet? If so, explain:

People Authorized to Pick up in case of Emergency: _____