

What was the date of your pet's last:

FVRCP Vaccine: _____ FELV Vaccine: _____

Rabies Vaccine: _____ Heartworm Test: _____

Deworming: _____ Fecal Test: _____

FELV/FIV Test: _____ & the results were: _____

Please list any additional vaccines your cat receives: _____

Has your cat ever had a reaction to any vaccines? YES NO

If your cat's vaccines are not current, would you like them to be given today? YES NO

Is your cat currently on any medications? YES NO

If yes which medication: _____

Has your cat ever had a reaction to any medication? YES NO

If yes which medication: _____

Does your pet have any other allergies? : _____

What type of flea/tick prevention is your pet currently on? : _____

What type of heartworm preventative is your pet currently on? : _____

Is your cat indoor, outdoor or both? : _____

Has your cat had any illness/injury in the last year? : _____

What are you currently feeding your cat? : _____

Do you give your cat table scraps? : YES NO

Has your pet eaten in the past four hours? : YES NO

Do you have any questions or comments for the doctor? : _____

At Sierra View Animal Hospital we try to accommodate your schedule as best we can. Typically, drop off patients are released between 3:00pm and 6:00pm. However if there is a specific time you are looking to pick up your pet, please let us know and we will do our very best to have your pet ready to go at that time.

Special pick up time request: _____

I hereby authorize the veterinarian at Sierra View Animal Hospital to examine, prescribe for and treat for the conditions presented on this form for the pet presented by me. Furthermore, I agree to pay fees, in full, for all services rendered when my pet is discharged from the hospital's care. I also understand that at times a deposit may be required at the time my pet is dropped off.

Signature: _____ Date: _____