

LAURELHURST VETERINARY HOSPITAL

Patient Name:		Client:	
Nick Name(s):		Pet Insurance Name & ID:	
Name/Phone of Previous Vet:			
How & when did you obtain your cat?			
Patient Information			
Species:	Gender:	Alteration Date:	Birthdate or Age:
Breed & Color:			Microchip ID:
Environment/Lifestyle			
Type & Amount of Food:			Any Treats?
My companion stays: (circle one) <i>Indoors Only</i> <i>Indoors & Outdoors</i> <i>Primarily Outdoors</i> <i>Outdoors under Supervision</i> <i>Other:</i>			
Does your cat catch birds or mice?		Do you use a flea and/or heartworm preventative?	
How would you describe your relationship with your cat?			
Please note any concerns and/or questions you would like to address at this visit:			
Medical History			-- SECTION BELOW FOR OFFICE USE ONLY--
FELV/FIV Testing? Other Labs?			Vaccine History
Please describe any previous medical events/diagnosis:			FELV:
			FVRCP:
			RABIES:
			Chart Review Checklist
<p>All fees are due at the time services are rendered. To prevent the spread of infectious diseases, all hospitalized patients must be current on vaccines. Your signature below authorizes this level of preventative care, and authorizes any related charges.</p> <p>I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the veterinarian to examine, prescribe medicine for, or treat the above animal and I assume full responsibility for all charges in doing so.</p>			Welcome Form
			Previous Records
			Patient Alerts
			Patient Reminders
			Letter to DVM
			Letter Mailed
			Review Complete
Signature of Client		Today's Date	

