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PATIENT REGISTRATION

TODAY'S DATE: \_\_\_\_\_ CAT'S NAME: \_\_\_\_\_

DATE OF BIRTH (APPROXIMATE IF UNKNOWN): \_\_\_\_\_

BREED: \_\_\_\_\_ SEX: M NEUTERED F SPAYED

COLOR: \_\_\_\_\_ DESCRIPTION/DISTINGUISHING MARKS: \_\_\_\_\_

HOW LONG HAS YOUR CAT OWNED YOU? \_\_\_\_\_

WHERE DID YOU GET YOUR CAT? \_\_\_\_\_

YOUR CAT LIVES (CIRCLE ALL THAT APPLY): INDOORS OUTDOORS LANAI

DOES YOUR CAT COME INTO CONTACT WITH OTHER CATS? YES NO  
IF YES, WHERE DO THESE OTHER CATS LIVE? INDOORS OUTDOORS LANAI

MEDICAL HISTORY:

CURRENT ILLNESSES OR CONDITIONS: \_\_\_\_\_

PRESENT MEDICATIONS AND SUPPLEMENTS (INCLUDE ANY AND ALL REMEDIES OF ANY KIND): \_\_\_\_\_

PREVIOUS ILLNESSES: \_\_\_\_\_

LIST ANY KNOWN ALLERGIES YOUR CAT HAS (INCLUDING VACCINES OR MEDICATIONS): \_\_\_\_\_

WHAT FOOD DO YOU ROUTINELY FEED YOUR CAT?: \_\_\_\_\_

VACCINE HISTORY- PROVIDE APPROXIMATE DATE LAST PERFORMED:

RABIES VACCINE \_\_\_\_\_ FECAL TEST \_\_\_\_\_

FVRCP VACCINE (DISTERPER) \_\_\_\_\_ FELV/FIV TEST \_\_\_\_\_

FELINE LEUKEMIA VACCINE \_\_\_\_\_

To prevent the spread of infectious diseases and parasites, **HOSPITALIZED CATS MUST BE CURRENT ON RABIES AND FVRCP (DISTERPER) VACCINES (HEALTH PERMITTING) AND BE FREE OF EXTERNAL AND INTERNAL PARASITES.**

*THANK YOU FOR CHOOSING THE CAT DOCTOR TO CARE FOR YOUR CAT. IF YOU HAVE ANY SPECIAL NEEDS OR SUGGESTIONS AS TO HOW WE CAN IMPROVE OUR SERVICE, PLEASE DO NOT HESITATE TO LET US KNOW-----OUR CLIENTS AND THEIR CATS ARE VERY SPECIAL TO US.*