



Des Moines Veterinary Hospital
21935 Pacific Highway S.
Des Moines, WA 98198
206-878-4111

New Cat Form

Date: _____

Owners Name: _____

Pets Name: _____ Birthday: _____

Male _____ Female _____ Spayed or Neutered: **(Yes/No)**

Breed: _____ Color: _____ Hair: **(Long/Short)**

Microchipped: **(Yes/No)** Microchip Number: _____

What flea prevention do you use? **(Bravecto/Paradefense/Advantage)**

Other: _____

Please list all medications and supplements your cat is on:

Please list all food and treats your cat eats:

Please list any previous major surgeries or medical conditions your cat has had:

Has your cat been tested for FELV/FIV? **(Yes/No)** When?: _____ Results?: _____

FVCRP _____ FELV _____ Rabies _____ Other: _____

Last fecal parasite screen _____ Result: _____

Has this pet been seen at another veterinary clinic or hospital? If yes, where?
