

Bayshore Veterinary Clinic of L'Anse
438 Main Street
L'Anse, MI 49946
906-524-5678
Feline Patient Registration Form

Name of Owner _____
Last First Middle

Home Address _____

City State Zip

E-mail address _____

Drivers License/SS# _____ See Attached _____ (This information is needed in case of anesthetic or prescription of certain controlled medications)

Name of Spouse/Partner _____ **Home Phone** _____

Other Phone _____ (business, employment, relative, neighbor)

Referred by Whom _____ **Previous Veterinarian?** _____

Animal Information

Name _____ **Breed** _____ **Color** _____

Birth Date _____ **Male** **Neutered** **Female** **Spayed**

- Date of Last:**
1. Distemper Vaccination (FVRCP) _____
 2. Rabies Vaccination _____
 3. Feline Leukemia Vaccination (FELV) _____
 5. Has your cat ever been tested for Feline Leukemia? _____ Results _____
 6. Has your cat ever been dewormed? _____ When? _____
 7. Last Stool Exam (for Intestinal Parasites) _____

Are there any chronic medical problems of which we should be aware? _____
Please explain _____

Is your cat currently on any medications? (If so, please list them) _____

Your cat is **INDOORS** _____ % and/or **OUTDOORS** _____ %

Do you have any other cats? _____ How many? _____ Dogs? _____ How many? _____

What brand of cat food do you currently feed? _____

Form of Payment
Cash _____ **Personal Check** _____ **Visa/MasterCard/Discover** _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Please sign to consent to treatment: _____ **Date:** _____

For Office Use: Identification Verified _____ **Date** _____ **Initials** _____