



PO Box 421
300 Frankton Road
Hood River, Oregon 97031
(541) 386-6658

PATIENT INFORMATION – CAT

Date _____

Name _____ Birth Date/Approx. Age: _____

Circle One: Male Female Circle One: Neutered Spayed Intact

Breed: _____ Color: _____

Microchip #: _____

Date of Most Recent:

Rabies vaccine: _____ Feline Leukemia vaccine _____

Distemper Rhino vaccine: _____ Deworming _____

Any special health issues?

*We always value a copy of your pet's medical records.