

Feline Registration



Blackstone Animal Clinic

Pet's Name _____ Birthday or Age _____ Color _____

Breed _____ Male Neutered? Yes No Female Spayed? Yes No

May we request records from your previous vet? Yes ___ No ___ Clinic _____

Is your pet on:

Flea/Tick Control? Yes ___ No ___ Brand _____ Year Round? Yes ___ No ___

Is your pet microchipped? Yes ___ No ___ # _____ (We offer this service for \$42.00)

Please list all other medications that your pet is currently taking, including vitamins and supplements:

Please describe your pet's current diet:

Brand _____ Dry _____ Canned _____ Both _____ Amount _____

How many times a day _____ Treats _____ Table Food _____

What percentage of time does your pet spend outside? _____ % Supervised? Yes ___ No ___

Any recent injuries or illnesses?(please explain)

Has your pet ever had any allergic reactions to vaccines or medications? (please list) _____

Does your cat use a litter box? Yes ___ No ___ If yes, any litter box issues?

Any recent changes in? (please circle all that apply) Appetite Water Intake Weight Urine Stool

Activity Behavior New Lumps or Bumps

Any problems with? (please circle all that apply) Lameness Ears Skin/Scratching

Vomiting Diarrhea