

# Ann Arbor Cat Clinic

3690 Packard Road, Ann Arbor, Michigan 48108 | Telephone: (734) 973-9090



## Owner and Cat Registration Form

### Owner Information:

Owner's name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Secondary name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### **\*Required by the state for some medication\***

Drivers License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Your DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Who can we contact for past history for the doctor to review?  
Name(s) | Contact Number: \_\_\_\_\_

### Cat information:

Cat's name: \_\_\_\_\_ Sex: M  F  Neutered  Spayed   
Shorthair  Longhair  Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
If declawed: Front paws  All four paws  At what age? \_\_\_\_\_  
Date of birth (or approximate age): \_\_\_\_\_

### Health Record:

What is your cat's diet? \_\_\_\_\_  
Does your cat go outdoors? Yes  No   
What kind of litter do you use? \_\_\_\_\_  
What other pets do you have? \_\_\_\_\_

Date of last vaccinations:  
Distemper (FRTC): \_\_\_\_\_  
Feline Leukemia: \_\_\_\_\_  
Rabies: \_\_\_\_\_

Has your cat ever been tested for feline leukemia virus? Yes  No  If yes, please give a date: \_\_\_\_\_  
Special past history: \_\_\_\_\_

Reason for today's visit? \_\_\_\_\_

- I understand and agree that it is the policy of the Ann Arbor Cat Clinic to receive payment as services are rendered and that a deposit will be required upon admission to the clinic for treatment.
- I authorize Ann Arbor Cat Clinic to release my pet's medical records to veterinary offices, boarding facilities, and groomers at the request of said establishments.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_