

Owl Creek Kennel Health/Medical Evaluation (Feline)

Owners Name: _____ Phone number: _____ Date __/__/__

Pets Name: _____ Breed: _____ Color: _____

Check one: Male ___ Neutered ___ Female ___ Spayed ___ Date of Birth: __/__/__

Name of your regular veterinarian: _____ Phone number: _____

Heartworm Medications: _____ Date last given: __/__/__

Flea/Tick Preventative: _____ Date last given: __/__/__

Vaccinations: Feline Rabies _____ Last Given __/__/__
Feline Distemper _____ Last Given __/__/__

When was the last time your cat had a fecal test done? _____

Was it negative/clear? Yes ___ No ___

If no, please list what was found, how it was treated, and how long ago the test/treatment was done.

Has your cat had any communicable illnesses in the last 30 days? Yes ___ No ___

If yes what was it and how it was treated: _____

Does your cat have any allergies? (food, medication, environmental) Yes ___ No ___

If yes please list: _____

Has your cat been diagnosed with any medical conditions? (heart condition, seizures, etc):

Yes ___ No ___

If yes please explain: _____

Is s/he on any medication? Yes ___ No ___

If yes please fill out the below medication information: