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# Ann Arbor Cat Clinic, P.C.

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3690 Packard Road  
Ann Arbor, MI 48108  
(734) 973-9090

## Owner and Cat Registration Form

**Owner Information:** Mr.  Mrs.  Ms.  Dr.  other:  (please specify) \_\_\_\_\_

Owner's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Social Security: \_\_\_\_\_

Whom My We Thank for Referring You?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Cat Information:

Cat's Name: \_\_\_\_\_ Sex: M  F  Neutered  Spayed

Shorthair  Long hair  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 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.

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