



**Tomahawk Animal Hospital – Patient Information Sheet**  
*Friendly Service – Exceptional Care*

Today's Date: \_\_\_\_\_

Pet's Information:

Pet's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Breed: \_\_\_\_\_

Is your pet spayed or neutered? YES / NO

Date of Birth: \_\_\_\_\_

Markings: \_\_\_\_\_

Is your cat (circle one)? Indoor Only / Mostly Indoor / 50:50 Indoor:Outdoor / Mostly Outdoor

Previous Veterinary History:

Previous Clinic: \_\_\_\_\_ City, State: \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? YES / NO

If yes, please describe: \_\_\_\_\_

Please list the date that the following vaccinations and tests were performed:

FVRCP Vaccine (Feline Distemper) \_\_\_\_\_

Rabies Vaccine \_\_\_\_\_

Bordatella Vaccine (Kennel Cough) \_\_\_\_\_

Leukemia Vaccine \_\_\_\_\_

Fecal Analysis \_\_\_\_\_

Feline Leukemia/FIV Test \_\_\_\_\_

Is your cat currently receiving heartworm preventative monthly? YES / NO

Is your cat currently receiving flea preventative monthly? YES / NO

What medications are you currently giving to your cat? \_\_\_\_\_

Do you know of any adverse reactions to any vaccinations or medications? YES / NO

If yes, please list: \_\_\_\_\_

<http://www.tomahawkanimalhospital.com>

