



ALL CATS
CLINIC

Existing Client Form

Thank you for choosing All Cats Clinic to care for your feline friend! This form is for clients who ALREADY have an appointment set up with us. Please complete the form below.

Day of Your Appointment

Date: _____ Owner Name: (first, last) _____

Phone: _____ Email: _____

Would you prefer an in-person visit or remain curbside? ☐ In-Person Visit ☐ Curbside

Patient Information

Cat's Name: _____

Patient Visit

Reason for Visit:

☐ Exam ☐ Exam w/ Lab Work ☐ Exam w/ Vaccines ☐ Illness or Injury ☐ Recheck
☐ Boosters ☐ Other (Please explain) _____

Other Services: (All other services will be at an additional cost) ☐ Nail Trim ☐ Shave Mats
☐ Shave Rear

Your Cat's Lifestyle: ☐ Indoor Only ☐ Indoor Mostly ☐ Outdoor Only ☐ Outdoor Mostly
☐ In and Out Freely

Do you have any concerns with your cat? ☐ None ☐ Increased Appetite ☐ Decreased Appetite
☐ Increased Drinking ☐ Decreased Drinking ☐ Weight Loss ☐ Weight Gain
☐ Itching/Scratching ☐ Vomiting ☐ Diarrhea ☐ Urination Issues
☐ Lethargy ☐ Behavioral ☐ Sneezing ☐ Coughing
☐ Other (Please explain) _____

What brand and type of food do you feed your cat? _____

How much/how often do you feed your cat? ☐ Free Fed ☐ Measured Amounts Is your cat

on any current medications or supplements? ☐ Yes ☐ No If so, what name, dose and frequency of medications? _____

Do you have pet insurance? ☐ Yes ☐ No If so, what type of insurance does your cat have?

Do you have our app (PetDesk)? ☐ Yes ☐ No

IN PERSON VISIT - We ask that you remain seated for the examination and allow our trained assistants to provide physical support for your cat. IF YOU ARE ILL OR HAVE BEEN EXPOSED TO SOMEONE WHO IS ILL, WE WILL NEED YOU TO REMAIN CURBSIDE OR RESCHEDULE YOUR APPOINTMENT.

☐ I understand and agree

Owner Signature _____