



Owner's Name _____ Address 〒 _____

Phone Number (land-line) _____ Phone number (mobile phone) _____

E-mail _____ @ _____ Occupation _____

Cat's Name _____ Breed _____ Color _____

Birthday (YYYY/MM/DD) _____ / _____ / _____ Sex male neutered female spayed

Date of ownership (YYYY/MM/DD) _____ / _____ / _____ Housemate animal No Yes (Cat /Others)

•How is your cat today? ① My cat is sick. (in detail) _____

② Consultation about the disease ③ Second opinion

④ Health check ⑤ Vaccination & Prevention ⑥ Questions about Spaying or Castration

※For the first visit for ④⑤⑥, would you like to choose the vet? Yes. (You NEED to pay an additional fee.)

No. (You don't have to pay additional fee.)

•Living enviroment ① Stays home ② Only goes out on the balcony ③ Goes out with owner ④ Free to go out ⑤ Outside ⑥ Not the owner
() min / hour

•Food menu (in detail) ① Only dry food () ② Dry & Wet food ()
③ Only wet food () ④ Others ()

•Snacks (in detail) ① Yes. () ② No.

•How did you get your cat? ① Bought: name of Breeder/ pet shop ()

② Got from Friend ③ birth in your home ④ Pick up stray cat

•Was your cat vaccinated? ① Combination vac ② FeLV vac ③ FIV vac ④ Rabies vac ⑤ You don't know type of vac ⑥ No vac

•When was the last vaccination? ① _____ / _____ / _____ (YYYY/MM/DD) ② About _____ years ago

•Have you treated your cat for fleas/heart worms? ① Both. ② Only fleas. ③ Only heart worms. ④ Neither.

•Does your cat have allergies, or overreact to certain vac./medicine? ① No. ② Yes. (in detail) _____

•Has your cat had a serious illness / injury? ① No. ② Yes. (in detail) _____

•How did you find out about our hospital? ① Recommended (from Mr. / Ms. _____ Cat's name _____)

② Home page ③ Noticed passing by ④ Others (Magazine _____ / Facebook / Twitter)

•Would you like to get information from us? ① Yes (post / e-mail) ② No.

•Please check your interests (multiple answers allowed)

① Vac & Prevention ③ Foods & Snacks

A vac ()

B fleas / mites ④ Weight control

C heart worms ()

D Health check ⑤ teeth cleaning

E Others () ()

② Spaying / Castration ⑥ Others

()

•About your cat's story. (Charming points etc...anything OK)

•Do you have any requests for treatment? (multiple answers allowed)

①: My first priority is saving time and making as few visits to the hospital as possible.

②: I want to clarify procedures and fee for treatment before doing it.

③: I want to check my cat's health, not only treat it for sickness.

④: I am interested in state-of-the-art treatment for my cat.

⑤: I want to know information about disease prevention.

☆ Please write down any other request.