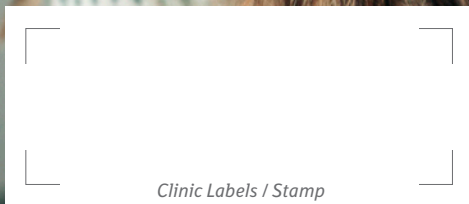


GETTING TO KNOW YOUR CAT

YOUR CAT IS UNIQUE AND YOU KNOW HER/HIM VERY WELL.
So help us to know your cat as you do: we'll give her/him the best care and advice to be a happier and healthier cat.

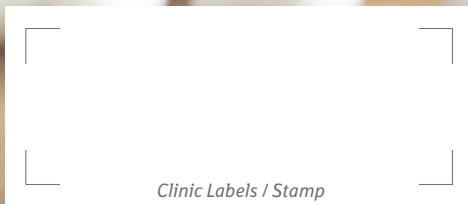


Clinic Labels / Stamp



GETTING TO KNOW YOUR CAT

YOUR CAT IS UNIQUE AND YOU KNOW HER/HIM VERY WELL.
So help us to know your cat as you do: we'll give her/him the best care and advice to be a happier and healthier cat.



YOU

Surname: First name:

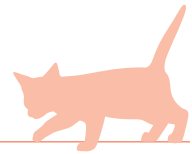
Address:

.....

Mobile Phone N°: Phone N° (Land-line):

E-mail: Occupation:

YOUR CAT



Name: Birthday: / / (YYYY/MM/DD)

Sex: Male Female Neutered

Breed: Color:

Housemate animal: No Yes (Cat..... / Others

Your cat comes from: Animal shelter Friend/family Breeder

Pet shop Found by myself Other

Circle your answer(s):

HOW IS YOUR CAT TODAY?

① My cat is... (in detail).....

.....

.....

② Consultation about the disease ③ Second opinion

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

Living environment



- 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

If you selected 3 or 4, how long your cat goes out? (.....) min / (.....) hour

Food menu (in detail)



- ① Only dry food (.....) ② Dry and wet food (.....)
- ③ Only wet food (.....) ④ Others (.....)

Snacks (in detail)

- ① Yes (.....) ② No (.....)

Was your cat vaccinated?



- ① Panleukopenia (P) ② Calicivirus and Herpesvirus (RC) ③ Leukemia (FeLV) ④ Rabies
- ⑤ Chlamydia (Ch) ⑥ Other ⑦ Don't know in detail ⑧ No vaccination

When was the last vaccination?

- ① / / (YYYY/MM/DD) ② About years ago

Have you treated your cat against parasites?



- ① Fleas/ticks/mites ② Heartworm/Lungworms ③ Gastrointestinal worms ④ All ⑤ No

Does your cat have allergies, or overreact to certain vaccine / 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)

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 have information about disease prevention.
- ⑥ Please write down any other request:

.....
.....

Would you like to get information from us?



- ① No
- ② Yes (post / e-mail)

Please check your interests (multiple answers allowed):

① Vaccination & Prevention:

- (A) Vaccination
- (B) Fleas/ticks/mites
- (C) Heartworm/Lungworms
- (D) Health check
- (E) Others (.....)

② Spaying / Castration

③ Foods & snacks (.....)

④ Weight control (.....)

④ Teeth cleaning (.....)

⑥ Others (.....)

About your cat's story



(Charming points, etc. anything you would like to share with us)

.....
.....
.....
.....
.....
.....

Thank you for your cooperation.