

P.E.T. P.A.L.S. FELINE HEALTH CHECKLIST

An original health check form must be completed yearly along with the veterinarian's signature.
Every section is required to be completed and includes **all** vaccinations listed.
We will not accept copies of the pet's records from the clinic.

(To be filled out by owner)

Owner's Name/Address/Phone # _____

Cat's Name _____

Birth date _____ Age _____

Veterinarian's Name _____ Phone Number _____

(To be filled out by veterinarian)

Please list the dates that the following immunizations were given:

Rabies _____ Expires _____
Distemper _____ Expires _____
Feline Leukemia _____ Expires _____

Please list the dates that the following procedures were performed:

Physical Examination _____ Expires _____
External Parasite Check _____ Results/Treatment _____
Stool Check _____ Negative _____
 If positive, please explain _____
 Treatment Dates _____
Feline Leukemia Test (one-time test) _____

Please list any medications that cat is currently on:

Please list any physical conditions P.E.T. P.A.L.S. should be aware of:

Please list any limitations you would place on this cat:

Veterinarian's Signature

Date