

## CONTACT INFORMATION

### OWNER'S INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ STATE \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_

### VETERINARIAN'S INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ STATE \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Emergency #: (\_\_\_\_\_) \_\_\_\_\_

### GROOMER'S INFORMATION

Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Collar Size: \_\_\_\_\_  
Last Shampoo: \_\_\_\_\_  
Last Bath: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PET'S INFORMATION

Name: \_\_\_\_\_  
Gender: \_\_\_\_\_  
 Spayed  Neutered  
Breed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Registration#: \_\_\_\_\_  
Registered Name: \_\_\_\_\_  
Sire's Reg. #: \_\_\_\_\_  
Sire's Name: \_\_\_\_\_  
Sire's Breed: \_\_\_\_\_  
Dame's Reg. #: \_\_\_\_\_  
Dame's Name: \_\_\_\_\_  
Dame's Breed: \_\_\_\_\_

### PET'S IDENTIFICATION

Microchip ID Number: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Collar Color: \_\_\_\_\_  
Identifying Markings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL MEDICAL INFORMATION

Diet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CAT HEALTH RECORDS

KEEPING TRACK OF YOUR PET'S HEALTH

"Your Pet's Photo"



800-344-6337 | [www.LambertVetSupply.com](http://www.LambertVetSupply.com)

Name: \_\_\_\_\_

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

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

Sex: \_\_\_\_\_

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

Veterinarian: \_\_\_\_\_

## VACCINATION HISTORY

| Age      | Date  | Rabies | Panleukopenia | Rhinotracheitis | Calicivirus | Chlamydia | Leukemia | FIP |
|----------|-------|--------|---------------|-----------------|-------------|-----------|----------|-----|
| ___ wks  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| ___ wks  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| ___ wks  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| ___ wks  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| ___ wks  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 1 year   | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 2 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 3 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 4 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 5 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 6 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 7 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 8 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 9 years  | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 10 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 11 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 12 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 13 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 14 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 15 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |
| 16 years | _____ | 0      | 0             | 0               | 0           | 0         | 0        | 0   |

## FECAL/DEWORMING

| Date  | Results |
|-------|---------|
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## MEDICAL NOTES

| Date  | Results |
|-------|---------|
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## HEARTWORM HISTORY

| 3 - 6 Weeks                 | Date | Vaccination |
|-----------------------------|------|-------------|
| First deworming at 3 weeks  |      |             |
| Second deworming at 5 weeks |      |             |
| 6 - 8 Weeks                 | Date | Vaccination |
| Third deworming at 7 weeks  |      |             |
| 9 - 12 Weeks                | Date | Vaccination |
| Fourth deworming at 9 weeks |      |             |