



Form 13A - Medical Summary for Homing

Please complete this form in BLACK ink. To be completed by the vet.

Cats Protection branch/centre details:

Name: _____

Email: _____

Phone number : _____

Cat name: _____

Cat ID: _____

Colour: _____ Sex: _____

Estimated date of birth: _____

Neuter status:

Informed neutered by previous owner
Neutered by Cats Protection
No testicles present, assumed neutered
Scar; suggests neutered
LH positive, assumed neutered
Exploratory surgery confirmed neutered
Not yet neutered

FIV/FelV tested: Yes ☐ No ☐
If yes - FIV result: Positive ☐ Negative ☐
If yes - FelV result: Positive ☐ Negative ☐

Summary of known medical history before and while with Cats Protection

Excluding dental status below, nothing abnormal has been detected <input type="checkbox"/> Or condition. Please include • Any previous or current condition especially those that could recur • Recommended recheck frequency if relevant • Current medication if ongoing condition • Any dental work performed	Currently		Recurrence/ connected problems			See attached information
	Ongoing	Resolved	Likely	Possible	Unlikely	
Current dental status:						

Full clinical notes/laboratory work can be obtained by your vet from the Cats Protection vet on:

You should be issued with a Petplan insurance cover note. This will provide vet fees cover for your cat for the first 4 weeks. However, please note Petplan will not cover any pre-existing condition(s). If the cat was ill or injured at any time before the insurance policy started, Petplan will not cover the costs relating to that illness or injury. Cats Protection does not pay the vet bills of homed cats unless arranged prior to homing. Please note, we do what we can, but it is impossible to give a guarantee of good health. Some pre-existing conditions can manifest at a later date, or new conditions can develop. We recommend that you register your cat with a vet as soon as possible. If your cat has an ongoing condition, we recommend that he sees your vet within at least two weeks of homing if not otherwise specified.

To be completed by Cats Protection representative		Microchip number:	
	Last date treated	Product used	Next dose due
1. Flea treatment			
2. Worm treatment			
3. Current diet			
4. Last recorded weight	Date:	Weight (kg):	Target weight (if necessary):
5. Next vaccination due	Date:		

The Medical Summary for homing form is for administrative purposes only and you are signing to acknowledge the medical status of your chosen cat at the time of adoption as indicated on the form. CP cannot be held responsible for any health condition of the cat that develops after the adoption process has been completed.

I have also been given a copy of the cat's medical vet history ☐

Owner: _____ Date: _____

Cats Protection representative: _____ Date: _____