



Form 13A: Medical Summary for Homing

Please complete this form in BLACK ink.

Cats Protection centre/volunteer team details:

Name: _____

Email: _____

Phone number : _____

Cat name: _____

Cat ID: _____ Microchip number: _____

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. To be completed by veterinary surgeon:

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	Currently		Recurrence/ connected problems			See attached information
	Ongoing	Resolved	Likely	Possible	Unlikely	

Bristol dental grade (circle as appropriate):

0 (no to minimal gingivitis or calculus) 1 (moderate gingivitis, no calculus) 2 (moderate to marked gingivitis and calculus)

Any dental work performed: _____

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:

	Last date treated	Product used	*Ongoing flea and worm treatment intervals should be discussed with your vet at their first health check, as it will be based on their individual risk and lifestyle
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. We 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: _____

Cats Protection is a registered charity 203644 (England and Wales), SC037711 (Scotland) and is listed as a Section 167 institution by the Charity Commission of Northern Ireland. | IT_25_807 | W70409