Feline Patient Information

Pet's Name: ______________________________

Owner Name: ______________________________

Sex: ❒ **Male** ❒ **Female** **Neutered/Spayed:** ❒ **Yes** ❒ **No**

Date of Birth: ______________________
Give approximate age if unknown.

Breed: ______________________

Vaccination	Date Last Vaccinated	Where Vaccinated
Rabies		
Feline Upper Respiratory (FVRCP)		
Leukemia		
Other:		
Other:		

Where did you obtain your pet? ______________________________

Any recent medical concerns for your pet?______________________________

Does your pet have any chronic ailments?______________________________

Does your pet have any allergies or history of vaccination/medication reactions?____________

Prior surgeries:______________________________

Does your pet take any medications/supplements?______________________________

What do diet do you feed your pet? ______________________ ❒Wet ❒Dry
Do you give your pet treats? ❒Yes ❒No What?______________________
Do you give your pet human food ❒Yes ❒No What?______________________

Has your pet had bloodwork/urinalysis in the past 2 years? ❒Yes ❒No When?____________
Has your pet ever had his/her teeth cleaned? ❒Yes ❒No When?____________
Has your pet been tested for Feline Leukemia/Feline Immunodeficiency Virus?
❒Yes ❒No When?____________
Do you give your pet heartworm preventative? ❒Yes ❒No Last Dose Given?____________
Product Used: ❒Interceptor ❒Revolution ❒Other: ____________

Has your pet had a fecal examination (parasite check) in the past 2 years?
❒Yes ❒No When?____________
Are there children under age 10 or immune-compromised persons in the household? ❒Yes ❒No

(over)

FELINE HISTORY AND RISK FACTOR EVALUATION

For us to evaluate your cat it is very important that you are his/her voice.
We'll use this information to evaluate your cat's health and individualize the care your cat receives, including vaccinations and examinations. Please answer the following questions to describe your cat's lifestyle.

My cat:

Is allowed to go outside	❒ Yes ❒ No
Occasionally escapes	❒ Yes ❒ No
Stays indoors all the time	❒ Yes ❒ No
Lives with other cats	❒ Yes ❒ No
Attends cat shows	❒ Yes ❒ No
Is boarded	❒ Yes ❒ No
Sometimes has access to the food dish, water bowl, or litter box of other cats	❒ Yes ❒ No
Sometimes comes into contact with other cats	❒ Yes ❒ No
I am likely to get an additional cat soon	❒ Yes ❒ No
Maybe I will get another cat someday	❒ Yes ❒ No
I plan never to get an additional cat	❒ Yes ❒ No

Please answer the following questions to the best of your knowledge.

Appetite	❒ Decreased	❒ Increased	❒ Normal	
Weight	❒ Loss	❒ Gain	❒ Stable	
Water Consumption	❒ Decreased	❒ Increased	❒ Normal	
Bowel Movements	❒ Constipated	❒ Normal	❒ Diarrhea	
Urination	❒ Decreased	❒ Normal	❒ Increased Frequency/Amount	
Scratching	❒ Yes	❒ No	Location_______________	
Unusual discharge	❒ Yes	❒ No	Location_______________	
Unusual Lumps/Bumps	❒ Yes	❒ No	Location_______________	
Lameness	❒ Yes	❒ No	Which Leg	❒ RF ❒ LF ❒ RR ❒ LR
Incontinence (Loss of Housetraining)	❒ Yes	❒ No		
Vomiting	❒ Yes	❒ No		
Coughing	❒ Yes	❒ No		
Sneezing	❒ Yes	❒ No		
Gagging	❒ Yes	❒ No		
Listlessness	❒ Yes	❒ No		
Weakness	❒ Yes	❒ No		
Shaking Head	❒ Yes	❒ No		
Eye Discharge	❒ Yes	❒ No		
Ear Odor/Discharge	❒ Yes	❒ No		
History of Previous Ear Infections	❒ Yes	❒ No		
Significant Hair Loss	❒ Yes	❒ No		
Scooting	❒ Yes	❒ No		
Bad Breath	❒ Yes	❒ No		
Difficulty Eating/Drinking	❒ Yes	❒ No		
Difficulty Rising	❒ Yes	❒ No		
Behavioral Changes	❒ Yes	❒ No