

PATIENT HISTORY WORKSHEET

Cat name	_____	Owner name	_____
Date of birth	_____	Spouse/Significant Other	_____
Breed	_____	Street address	_____
Color	_____	City/State	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed		Zip code	_____
Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone #	_____
Referred by	_____	E-mail address	_____

Tell Us About Your Cat

Reason for visit: _____

Previous medical conditions: _____

Current medications: _____

What do you feed your cat? How much? _____

Do you have any other pets? _____

Does your cat come into contact with any other cats? Yes No

If yes, please explain: _____

My cat...

- Goes outside unsupervised
- Goes outside, but is supervised
- Occasionally escapes
- Stays inside at all times

My cat's activity level is...

- High
- Moderate
- Low

My cat's weight is...

- Stable
- Increasing
- Decreasing
- Not sure

Has there been a change in your cat's behavior recently? Yes No

If yes, please explain: _____

