



Patient Information

Answers to the following questions will help us take the best care of your cat.

Cat's Name _____

Gender _____ Spayed/Neutered? yes no not sure (circle one)

Breed (Domestic Shorthair, Siamese, Persian, etc.) _____

Color _____ Date of birth _____ Is this an estimate? _____

Did you bring copies of your cat's previous veterinary records with you today? _____

Previous veterinary hospital _____

Has your cat been microchipped? Yes No If yes: # _____

How did you acquire your cat? (stray, adoption, breeder, etc.) _____

How long has this cat been in your care? _____

Is this cat covered by veterinary pet insurance? Yes No

My cat: (check all that apply)

Is allowed to go outside

Lives with other household cats

Goes outside only with supervision

Lives in a one-cat household

Occasionally escapes

Is often boarded

Stays indoors always

Is sometimes boarded

Is never boarded

Sometimes comes in contact with cats outside of the household

Never comes in contact with cats outside of the household

Sometimes comes in contact with the food dish, water bowl, or litter box of cats outside the household

What brand and type of food do you feed your cat? _____

How often do you feed your cat? (once a day, twice a day, food out all the time, etc.)

How much do you feed your cat? (8 oz can, 1/4 cup dry, 1 pouch, etc.)

What kind of flea prevention do you use for your cat? How often?

What other medications, if any, does your cat take?

Has your cat been treated for any health problems (major or minor) or undergone surgery (other than a spay or neuter) in the past? Please describe:

Anything else you'd like to tell us about your cat?
