



The following questions are about your cat's lifestyle. This information will help us determine the best care for your cat.

Patient Information

Cat's Name _____ Gender _____ Spayed/Neutered?

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

Color _____ Date of Birth (estimate if unknown) _____

Did you bring copies of your cat's previous veterinary records with you today? Y/N

Previous Veterinary Hospital _____ Phone _____

Has your cat been micro-chipped? Y/N If yes: # _____

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

How long has the cat been in your care? _____

Is this cat enrolled in or covered under Veterinary Pet Insurance? Y/N

My Cat:

- Is allowed to go outside
- Occasionally escapes
- Stays indoors always
- Lives with other household cats
- Lives in a one-cat household
- Is often boarded
- 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 of the household
- Never comes in contact with the food dish, water bowl, or litter box of cats outside of the household

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

How much? _____ How often? _____

What 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 explain:
