



Patient Information- Cat

Cat's Name: _____ Cat's birth date: _____
Breed: _____ Color/Pattern: _____
Gender: Male Female Neutered/Spayed: Yes No
Where was your cat acquired? _____ At what age? _____

Nutrition and Lifestyle:

- Current daily diet (please specify brand/type of food) _____
- Amount fed _____ cups or cans _____ times a day
- Treats _____
- Supplemental food (fresh or home-cooked foods, raw, junk food, people food etc.) _____
- What percentage of your cat's daily ration are supplemental foods? _____
- Nutritional supplements, vitamins (please specify) _____

Does your cat spend time outdoors? Yes No If yes, describe _____

Wellness Care:

Give dates of latest immunizations for any or all of the following:
Distemper/Upper Respiratory _____ Rabies _____
Feline Leukemia _____
Most recent feline leukemia (FeLV) /feline AIDS (FIV) test _____

Medications and Medical History:

Prescription Medications (please specify): _____

Herbal or non-prescription medications (please specify): _____

Briefly explain current or past medical or surgical problems, please specify dates:

May we request medical records from your veterinarian? Yes No

If so, please supply the name, address and telephone number of your previous veterinarian if possible, or supply medical records yourself.

Do you have **Pet Insurance** for your cat? Yes No

If so, we may be able to help you electronically file insurance claims for care provided here. If this is something you would be interested in, please provide us your Pet Insurance company name and your dog's Policy Number:

Insurance Company _____

Policy Number _____