

Adult Cat History Form

Client _____ Patient _____ Date _____

Breed _____ Sex _____ Age _____

Current Problem _____

When did the problem start? _____

Has the problem gotten better, worse or stayed the same since it started? Please Circle answer.

Has anything been tried to improve the problem? Has it helped?

Please list all medications or supplements your cat is currently taking including heartworm and flea preventative _____

Please list all foods your cat is given including people food and treats

Where does your cat spend its time? Indoor only-never goes out of doors

Indoor and outdoor on a leash or supervised

Indoor and outdoor to roam

Outdoor only

Has your cat ever lived or travelled outside Wayne County? If yes, where? _____

Has your cat ever had fleas? _____

Does your cat have any other current or previous health or behavior issues we should know about?

Do you have other pets? Please list _____

Are any of the other pets having problems? _____
