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? ____________________________________________