

The Cat's Meow Veterinary Hospital

Patient Information Sheet

Date _____

Client # _____

Cat's Name _____

Breed _____

Color _____

Birthdate (approx.) _____ / _____
Month Year

Male / Neutered Female / Spayed
(circle all that apply)

Declawed: No / Front / All

Where did you get this cat? Shelter/Humane Society Found/stray Friend Breeder
Other: _____

Medical History

Please list dates of last vaccinations for the following:

Rabies _____ Distemper/Respiratory Virus _____

Leukemia _____ Feline Infectious Peritonitis (FIP) _____

Has your cat been tested for:

Feline Leukemia Yes / No
FIV Yes / No
FIP Yes / No

If yes, approximate date & results:

Date: _____ Positive / Negative
Date: _____ Positive / Negative
Date: _____ Positive / Negative

Is your cat on heartworm prevention? Yes/No On Flea Prevention? Yes/No

Current/Recent Medications: _____

Major illnesses, surgeries, or problems: _____

If a choice is available, is it easier to give your cat: Pills / Liquid

Environmental History *(Please circle appropriate responses)*

Resides: Indoors Only / Outdoors Only / Indoors & Outdoors

Does your cat ever go outside, even with your supervision? Yes / No

Diet: Dry Food Only / Canned Food Only / Dry & Canned / Semisoft

Usual Brands: _____

Eats Table Food: Frequently / Occasionally / Never

How Fed: Free Choice / Once Daily / Twice Daily / Other: _____

Drinks Water: Excessively / Normally / Seldom

Litterbox Filler: Plain Clay / Clumping / Crystals / Other: _____ / No Litterbox

Litterbox Habits: Misses the litterbox: Never / Occasionally / Frequently Urine / Feces

Vomits: Never / Occasionally / Frequently

Please describe other pets that you have (types, numbers, ages): _____
