

Adult Cat History Form

Client Name _____

Patient Name _____

Appointment Date: _____

List any major concerns and expectations for today:

Who is your pet's insurance carrier?

Do you know what your deductible is currently set at?

Please name your other healthcare professionals your pet is seeing. (holistic, acupuncture, chiropractor, specialist, etc.)

****PREVIOUS RECORDS: We prefer to have previous medical records prior to your appointment so we may serve you and your pet to the best of our ability.**

What medications and supplements does your pet take?

Medication/Supplement Name:

What dose is the medication? (IE: 50mg)

How often do you give this medication? (IE: 2 times a day)

Medication/Supplement Name:	What dose is the medication? (IE: 50mg)	How often do you give this medication? (IE: 2 times a day)

PREVENTATIVES:

Does your cat receive Heartworm/Intestinal Parasite/Flea/Tick Preventatives?

Yes No

If yes, which brands do you use and how often do you give them?

NUTRITION:

What brand of food do you feed your pet?

Is this food dry or wet?

Dry Wet Both

How much food do you feed your pet in one meal?

How many meals does your pet get in one day?

What treats does your pet enjoy?

Has your pet had any change in frequency of drinking?

DENTAL:

How often do you brush your pets teeth?

Do you offer any treats that promote dental health?
(CET Chews, etc.)

Yes No

Do you use water additive to promote dental health?

Yes No

HOME CARE:

Do you brush your cats coat?

Yes No If yes, how often?

Do you trim your cats nails?

Yes No If yes, how often?

Do you clean your cats ears?

Yes No If yes, how often?

Do you bathe your cat?

Yes No If yes, how often?

TOILET HABITS:

Describe the kind of litter boxes your cat uses:
(Uncovered/covered, short sides/tall sides,
plastic/metal, oversized/giant, decorative, etc.)

On average, how many times does your cat use
the litter box in one day?

Where are your litter boxes located?

What type of litter do you use?

How often do you clean the your cats litter boxes?

TRAVEL:

Do you leave your cat carrier out in your house?

Yes No

If yes, where in your house does the carrier stay?

Does your cat spend time in the carrier when not traveling?

Yes No

How often does your cat go outside?

Briefly describe the drive here.

ACTIVITY AND BEHAVIOR:

Has your cat had an increase or decrease in activity?

Yes No

Does your cat spray?

Yes No

Does your cat regularly urinate or defecate outside of the litter box?

Has your cat had any accidents outside of his/her litter box since your last visit with us?

Does your cat play aggressively?

Yes No

Has your cat shown any aggression towards people or other pets?

Does your cat display any destructive behaviors? (IE: chewing or scratching)

Yes No

Do you use synthetic pheromone products? (Feliway spray or diffuser)

Yes No

Have you noticed any changes in social
interaction with your cat and family
members? (IE: purring more or less)

Yes No

If yes, please provide us a description of the changes you have noticed:

Is your pet experiencing any changes in the following activities:

	No Changes	Increased	Decreased	Comments:
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is your pet experiencing any of the following symptoms:

	No	Yes	Unsure	Comments:
Lethargy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limping/Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which leg(s) are affected?
Lumps/Bumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	






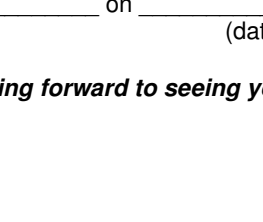


Do you have any other questions or concerns about your pet's health that you would like us to address during your appointment?

WEIGHT

The Body Condition Score is an estimation of your pets percentage of body fat.

(Please select where you believe your pets Body Condition Score is below)

BODY CONDITION SYSTEM

TOO THIN	1	Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.		1		I believe my cat has a body condition score of 1.
	2	Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.		2		I believe my cat has a body condition score of 2.
	3	Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.		3		I believe my cat has a body condition score of 3.
IDEAL	4	Ribs palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.		4		I believe my cat has a body condition score of 4.
	5	Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.		5		I believe my cat has a body condition score of 5.
	6	Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable but not obvious; abdominal tuck absent.		6		I believe my cat has a body condition score of 6.
TOO HEAVY	7	Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.		7		I believe my cat has a body condition score of 7.
	8	Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.		8		I believe my cat has a body condition score of 8.
	9	Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.		9		I believe my cat has a body condition score of 9.

Form Completed by: _____ on _____
(name) (date)

Thank you for your time! We are looking forward to seeing you and your cat!