



Feline Patient History

Have you noticed any of these symptoms with your pet?

☐ Coughing ☐ Sneezing ☐ Vomiting ☐ Diarrhea

If yes, please explain: _____

Is your pet on any medications or over-the-counter supplements? Please list including dose and frequency given.

What type of heartworm prevention is your cat on? _____ Missed any months? _____

What type of flea/tick prevention are you using? _____ Missed any months? _____

Do you need any refills today? _____

How much time does your cat spend outside? _____

What brand of food is your cat eating? _____ How Much/Often _____

Any change in:

Appetite	Normal	Increase	Decrease
Water consumption	Normal	Increase	Decrease
Urination	Normal	Increase	Decrease
Behavior	Normal	Increase	Decrease

If yes, please explain. _____

How much exercise does your cat get daily? _____

Have you noticed any change in your cat's mobility? _____

Do you brush your pet's teeth? YES NO How often? _____

Are there any other concerns you would like for us to address today? _____