



Patient History

Owner's Name: _____ Date: _____

Cat's Name: _____

Please take a moment to answer a few questions about you cat's behavior at home. These questions will enable us to better examine and understand the health issues your cat is having.

IS YOUR CAT:

Indoor Outdoor Indoor/Outdoor-Supervised Indoor/Outdoor-Unsupervised

PLEASE DESCRIBE THE FOLLOWING:

Water Consumption: Normal Decreased Increased Excessive

Appetite: Very Good Good Erratic Picky Poor Very Poor

Food Offered (types & amounts): _____

Vomiting: None/Uncommon Occasionally Frequently

What is vomited? _____

Is there a relationship to eating? Yes No If yes, how? _____

Defecation: Normal None/Uncommon Frequently

Consistency: _____ Frequency: _____

Straining to Defecate? Yes No

Urination: Normal None/Uncommon Frequently

Color/Consistency: _____ Frequency: _____

Straining to Urinate? Yes No

Activity Level: Normal Increased Decreased

Behavior: Any notable changes? _____

Lameness: No Yes If so, which leg(s)? _____

Constant _____ Intermittent _____ Duration: _____

Reluctance to jump or run? No Yes If so, duration: _____

Coughing: None Occasionally Frequently

Sneezing: None Occasionally Frequently

Nasal/Ocular Discharge: No Yes

If so, duration: _____ Description: _____

Itching/Hair Loss: No Yes If so, location(s): _____

History of fight wounds: No Yes

Does your cat regularly receive?

Heartworm Preventative: No Yes If so, brand: _____

Flea Control: No Yes If so, brand: _____

Summary of Your Concerns: _____

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