

FELINE PET HEALTH HISTORY

Thank you for giving us the opportunity to care for your pet.
To help us provide optimal healthcare, please take time to fill out this information.

Pet's Name _____

Birthdate/Age _____ Please circle: Exact Estimated

Breed _____ Color _____

Please Circle: Intact Female Spayed Female Intact Male Neutered Male

Please circle how you would best describe your pet's temperament for examination:
Friendly Nervous/May Bite Please Muzzle/Will Bite

Please fill out the following information to the best of your ability. We can confirm much of this information from previous records if they are available. If you have any questions about this information, our veterinary technicians will assist you as they review your pet's medical history.

Reason for Today's Visit _____

Current Medications/Supplements _____

Allergies/Allergic Reactions _____

Current Diet _____

Flea/Tick Preventative _____

Date of Last Stool Check _____ Date of Last Deworming _____

FELV/FIV Status _____ Date of Last Test _____

Most recent FVRCP [Feline Distemper] Vaccination Date _____

Most recent FELV Vaccination Date [if applicable] _____

Most recent Rabies Vaccination Date _____

Vaccine Length [Circle]: 3 Year 2 Year 1 Year

Declawed: Yes No

Environment (Circle):

Never Goes Outdoors Indoor/Outdoor At Will
Outdoor Only Outdoors only under my **direct** supervision

Do you trim your cat's nails: Yes No Would like to learn

Do you brush your cat's teeth: Yes No Would like to learn

Date of last dental cleaning (if applicable) _____

Other Pets in Household: Cat(s) Dog(s) Other

Comments _____