



**Cats Exclusive, Inc. - Patient History Form** - Please circle your answers

**Owner Information:** FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

**Patient Information:** PET'S NAME \_\_\_\_\_ FELINE/CANINE AGE \_\_\_\_\_ SEX: M F SPAYED/NEUTERED

REASON FOR VISIT \_\_\_\_\_

IS YOUR PET: INDOOR ONLY OUTDOOR ONLY INDOOR/OUTDOOR -- IS PET MICROCHIPPED? YES NO UNKNOWN

WHAT IS YOUR PET'S DIET? \_\_\_\_\_

Dry Food Wet Food Other Amount/Frequency \_\_\_\_\_

Is your pet up to date with vaccines? YES NO ANY VACCINE REACTIONS? YES NO IF YES, DESCRIBE \_\_\_\_\_

What vaccines have your pet received? Choose below feline or canine When? \_\_\_\_\_ Where? \_\_\_\_\_

FELINE: Rabies FVRCP Leukemia ----- CANINE: Rabies Distemper/Parvo Bordetella

HAS YOUR CAT BEEN TESTED FOR FELV/FIV? YES NO UNKNOWN IF YES, WHEN? \_\_\_\_\_

HAS YOUR DOG BEEN TESTED FOR HEARTWORM DISEASE? YES NO UNKNOWN IF YES, WHEN? \_\_\_\_\_

HAS YOUR PET BEEN DEWORMED? YES NO PRODUCT \_\_\_\_\_ WHEN? \_\_\_\_\_

IS YOUR PET ON FLEA PREVENTION? YES NO PRODUCT \_\_\_\_\_ LAST DOSE \_\_\_\_\_

IS YOUR DOG ON HEARTWORM PREVENTION? YES NO PRODUCT \_\_\_\_\_ LAST DOSE \_\_\_\_\_

IS YOUR PET ON MEDICATIONS? (Please include all prescriptions, over the counter and health supplements)

1)NAME \_\_\_\_\_ Amount/Frequency \_\_\_\_\_ Started On \_\_\_\_\_ Given today? YES NO

2)NAME \_\_\_\_\_ Amount/Frequency \_\_\_\_\_ Started On \_\_\_\_\_ Given today? YES NO

**HAS YOUR PET RECENTLY HAD ANY OF THE FOLLOWING SIGNS? PLEASE CIRCLE YES OR NO**

VOMITING: YES NO COUGHING: YES NO DIFFICULTY JUMPING: YES NO

DIARRHEA: YES NO SNEEZING: YES NO WATERY EYES OR NOSE: YES NO

INCREASED VOCALIZATION: YES NO

**PLEASE CIRCLE ONE EACH OF THE FOLLOWING:**

APPETITE: DECREASED INCREASED NORMAL ACTIVITY LEVEL: DECREASED INCREASED NORMAL

DRINKING: DECREASED INCREASED NORMAL URINATION: DECREASED INCREASED NORMAL

FOR FELINES -> ANY PROBLEMS WITH LITTER BOX USE OR BEHAVIOR? YES NO IF YES, PLEASE DESCRIBE:

ANY OTHER CONCERNS YOU WOULD LIKE TO ADDRESS WITH THE DOCTOR? \_\_\_\_\_

**For Internal Use Only**

ACCT NO \_\_\_\_\_ LINKED \_\_\_\_\_ APPT DATE \_\_\_\_\_ APPT TIME \_\_\_\_\_ SOAP ENTERED \_\_\_\_\_