



Welcome to Affectionately Cats Veterinary Hospital. In order to provide the best veterinary care possible for your cat, please take a moment to fill out the following medical form.

Your Name: _____ Date: _____

PATIENT INFORMATION:

Cat's Name: _____ Sex: _____ Spayed/Neutered? _____

Date of Birth: _____ Breed: _____ Color: _____

How long have you had your cat? _____

Other Pets in your household? _____

Previous Veterinarian or Hospital? _____

Is Your Cat Current on Vaccinations? ___ Yes ___ No ___ Unknown

What Does Your Cat Eat? ___ Canned ___ Dry Please List Brand(s): _____

Does Your Cat Go Outside? ___ Yes ___ No ___ Supervised Only

Does Your Cat Have Any Chronic Medical Problems? ___ No ___ Yes, (please describe) _____

Does Your Cat Take Any Medications? ___ No ___ Yes, (please list) _____

Is Your Cat On Any Flea/Tick Prevention? ___ No ___ Yes, (please list) _____

Is Your Cat On Heartworm Prevention? ___ No ___ Yes, (please list) _____

Is Your Cat Sensitive or Allergic to Any Medications, Food, Vaccinations, or Anesthesia? ___ No ___ Yes, (Please list) _____

(continued on other side)

Please Check off the problem(s) your cat is having, and detail any history leading up to the current condition.

Vomiting____	Increased Thirst____	Decreased Thirst____	Increased Urination____
Decreased Urination____	Urine out of Litter Box____	Soft Stool____	Hard/Dry Stool____
Defecation out of Litter Box____	Decreased Appetite____	Increased Appetite____	Limping____
Coughing____	Sneezing____	Decreased Activity____	Increased Activity____
Skin Problem____	Behavior Changes____	Aggression____	Seizures____

Other (please describe): _____

Do you have any additional issues/questions you would like to discuss with the veterinarian? ___No ___Yes, (please describe): _____

