

Cat Hospital of Vero Beach

FELINE HEALTH HISTORY

Please take the time to fill this out as completely as you can to assist us in keeping your cat in the best health possible.

Cats Name: _____ Nickname: _____

Breed: _____ Color/Description: _____

Date of Birth: _____ Sex: _____ Spayed/Neutered: Y / N Declawed: Y / N

Microchip # _____ Interested in having a Microchip? Y / N

Previous Vet (if any): _____ Phone: _____

May we contact to obtain records? (circle) Yes / No If Yes, initial: _____

Lifestyle (circle): Indoor only Indoor with porch/patio access Outdoor only Indoor/Outdoor

Cat Origin (circle): Humane Society Pet Store Breeder Stray Friend Private Home

How many cats do you have total (including this one): _____

Reason for today's visit: _____

VACCINATION HISTORY

Please provide **dates** last given (if known) and test results if indicated.

FVRCP (Feline Distemper/Upper Resp): _____ RABIES: _____ 1 Year / 3 Year

FeLV (Feline Leukemia Virus): _____ FIV (feline immune deficiency): _____

FIP (feline infectious peritonitis): _____ VS-Calici (virulent strain calici): _____

FeLV/FIV (Feline Leukemia /AIDS) Test: Results _____/_____ Date performed: _____

Heart Worm Test: Result _____ Date performed: _____

Has your cat ever experienced a reaction to any vaccination? No / Yes

If yes, what vaccine and what type of reaction: _____

Is your cat currently receiving heartworm prevention: No / Yes Type/Brand: _____

MEDICAL HISTORY

Does your cat have any known allergies? No / Yes Describe: _____

Has your cat ever been diagnosed with any serious or chronic health condition? No / Yes

If Yes, describe: _____

Is your cat on any regular medication? No / Yes (If Yes, please list below)

Med Name/Strength: _____ Freq of Admin: _____

Med Name/Strength: _____ Freq of Admin: _____

Med Name/Strength: _____ Freq of Admin: _____

DIET

Please describe your cat's diet including brand, type (wet/dry), and frequency (free choice, once/day, twice/day, etc):

Food Brand / Type: _____ Frequency: _____

Is there any additional information we should have to better assist you and your cat? _____