

Brook-Ellis Pet Hospital

Patient Information Sheet – *Feline*

Date _____ / _____ / _____
Color _____

Breed _____
Birth date _____ / _____ / _____

Male/Neutered Female/Spayed (circle all that apply) Declawed: No / Front / All

1. Medical History (please skip to #2 below if your pet is a returning patient)

Please list dates of last vaccinations for the following:
(Okay to write name of doctor or hospital that administered if unsure of dates)

FVRCP (Distemper/Respiratory Virus) _____
FELV (Leukemia virus) _____

RABIES _____
Other vaccines _____

Has your cat been tested for the following:

Feline Leukemia yes/no
FIV test yes/no
Fecal test yes/no

If yes, approximate date & results:

Date: _____ positive/negative
Date: _____ positive/negative
Date: _____ positive/negative

Allergies (please specify) _____

Major Illnesses, surgeries or problems _____

Current/Recent Medications _____

If a choice is available, is it easier to give your cat: PILLS / LIQUID / UNKNOWN

2. Environmental History (please circle appropriate responses)

Resides: indoors only / outdoors only / indoors & outdoors

Diet: dry food only / canned food only / dry & canned / semi-moist

How much fed: (please note amounts in terms of 8oz. measuring cup or TBSP) _____

Please list brand names fed: _____

Eats table food: (please be honest ☺) frequently / occasionally / never

Drinks water: excessively / normally / seldom

Vomits: never / occasionally / frequently **Diarrhea:** never / occasionally / frequently

Flea control: (please list brand given + how often given and when was house/yard last treated): _____

Litter Box Habits → misses the litter box: never / occasionally / frequently urine / feces

Litter Box Filler → Plain clay / clumping clay / crystals / other: _____ / NO litter box

