

### ANIMAL MEDICAL HISTORY

#### General Information

Cat's name: \_\_\_\_\_ Sex:  Male  Female Neutered/Spayed?  Yes  No

Date of birth or age (years): \_\_\_\_\_ Length of time owned: \_\_\_\_\_

Breed: \_\_\_\_\_ Description/color: \_\_\_\_\_

Hours spent outside each day: \_\_\_\_\_ Brand of cat food: \_\_\_\_\_

Amount fed per day: \_\_\_\_\_ Type of food (check all that apply):  Canned  Dry  Moist (pouches)

#### Medical History

Previous veterinarian or clinic: \_\_\_\_\_ May we request medical records?  Yes  No

Has your cat been tested for Feline Leukemia?  Yes  No Date: \_\_\_\_\_ Result:  Positive  Negative

Has your cat been tested for Feline Immunodeficiency Virus (FIV)?  Yes  No

Date: \_\_\_\_\_ Result:  Positive  Negative

#### Vaccination History:

FVRCP (panleukopenia, calicivirus, rhinotracheitis): .....  Yes  No Date: \_\_\_\_\_

Rabies: .....  Yes  No Date: \_\_\_\_\_

Feline leukemia: .....  Yes  No Date: \_\_\_\_\_

FIV Vaccine (IMPORTANT): .....  Yes  No Date: \_\_\_\_\_

Other (specify): \_\_\_\_\_  Yes  No Date: \_\_\_\_\_

Fecal exam (worms):  Yes  No Date: \_\_\_\_\_

Known drug sensitivities: \_\_\_\_\_

Dentistry: \_\_\_\_\_

Prior illnesses/injuries: \_\_\_\_\_

Prior surgeries: \_\_\_\_\_

Current medications (please include flea control and heartworm prevention): \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Where did you get your cat?  Animal control  Pet shop  Humane Society  Tiny Paws  Cattery

Friend  Stray  Individual (non-breeder)  Other (please specify): \_\_\_\_\_