



## YOUR CAT'S HEALTH HISTORY

*No one knows your cat like you do! To help us provide the best healthcare for your cat, please answer the following questions (circle Y for Yes and N for No) even if just seen occasionally.*

*Thank you!!*

Changes in drinking?	Y	N
Changes in urinations—such as frequency, volume, accidents?	Y	N
Changes in appetite (increased or decreased)	Y	N
Weight gain or loss?	Y	N
Inappropriate eliminations—urine or stool outside of the box?	Y	N
Vomiting or sensitive stomach?	Y	N
Episodes of diarrhea, constipation, or blood or mucus in stool?	Y	N
Sneezing, wheezing, or trouble breathing?	Y	N
Coughing or hairball type gagging?	Y	N
Limping, stiffness, or trouble jumping?	Y	N
Issues with fur--matting, excessive grooming?	Y	N
Any skin problems such as itching, rashes, scabs, or lumps?	Y	N
Any problems with vision or hearing?	Y	N
Any bad breath, drooling or problems with teeth known?	Y	N
Anything done at home for oral care? _____		
Does your cat go outside?	Y	N
If so, is he supervised? _____ Does he hunt? _____		
Is your pet on any medicine?	Y	N
If so, what? _____		
Is your pet on nutritional supplements?	Y	N
If so, what? _____		
Any concerns about your cat's behavior?	Y	N
_____ Aggression toward people or other cats	_____ Howling, meowing more	
_____ Clawing furniture or destructive behavior	_____ Hiding, withdrawn, or listless	
_____ Confusion or disorientation	_____ Changes in sleep pattern	
_____ Other? _____		

What exercise does your cat get? \_\_\_\_\_

Litterbox Info: How many boxes? \_\_\_\_ What type of litter do you use? \_\_\_\_\_

Total number of cats in your household: \_\_\_\_\_

### Feeding Information

What do you feed your cat? \_\_\_\_\_

How do you feed your cat?

has own bowl

shares bowl

free feeds/do not measure

meals

If you measure, how much? (in 8 oz cups or oz of canned)? \_\_\_\_\_

What table food or treats does your cat get? \_\_\_\_\_