



New Cat/Kitten Medical History Form

Owner(s): _____ Date: _____

Address: _____ Phone#: _____

Pet Name: _____ Breed: _____

Color: _____ Age/DOB: _____ Sex: Male Neutered Female Spayed

Tell us about your New Cat

How did you find your cat? Breeder Humane Society Friend Stray Pet store Other _____

Will your cat be indoor, outdoor or both? _____

Is your cat litter box trained? Yes No

What brand of food are you feeding him/her? _____ Dry Canned

How is your cat's appetite? Normal Other _____

Is your cat drinking? Normal Less than Normal More than Normal

Any medications or supplements: No Yes: _____

How is your cat's attitude? Normal/Happy/Active Depressed/Lethargic Other _____

Do you notice any of the following?

Limping Coughing Sneezing Eye discharge Nose Discharge Vomiting Diarrhea Scooting

Shaking Head Scratching Hair Loss Weight Loss Lethargy/weakness Other _____

Medical History

Has your cat been to a veterinary clinic previously? No Yes: _____

Has your cat had any of the following?

Physical Exam: Yes, date _____ No Unsure

Feline Leukemia/FIV Test: Yes, date _____ No Unsure

Fecal Test: Yes, results _____ No Unsure

Has your cat been vaccinated for any of the following?

Rabies: Yes, date _____ No Unsure

Distemper: Yes, date _____ No Unsure

Feline Leukemia: Yes, date _____ No Unsure

Has your cat been dewormed in the last 12 months? Yes, date & product _____ No Unsure

Do you use a Flea & Tick Preventative? Yes, date & product _____ Collar None

Other medications or supplements: No Yes: _____

On the back side of this page please write any other information you wish us to have, or any questions about your new kitten you want us to address.