

Brook-Ellis Pet Hospital

Patient Information Sheet – Feline

Pet Name: _____

Date Adopted: ___/___/___

Breed: _____

Color: _____

Birth Date: ___/___/___

Microchip Number: _____

Declawed: No / Front / All

Male / Neutered Female / Spayed

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

Please list dates of last vaccinations for the following:

(Okay to write name of hospital that administered if unsure of dates)

FVRCP (Distemper/Respiratory Virus): _____

RABIES: _____

FELV (Leukemia Virus): _____

Other: _____

Has your cat been tested for the following:

If yes, approximate date & results:

Feline Leukemia: Yes / No

Date: ___/___/___ positive / negative

FIV Test: Yes / No

Date: ___/___/___ positive / negative

Fecal Test: Yes / No

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

Resides: Indoors Only / Outdoors Only / Indoor & Outdoors

Diet: Dry Only / Canned 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:

Brand: _____

Last Date Given: ___/___/___

How Often Given: _____

Litter Box Habits:

Misses the litter box: Never / Occasionally / Frequently Urine / Feces

Litter Box Filler: Plain Clay / Clumping Clay / Crystals / Other: _____

NO Litter Box