Island Cats Patient History Form

Name:_______________________________ **Date:**____________________

Reason for exam:____

My cat is: ☐ Indoor ☐Outdoor ☐Both If your cat has evidence of FLEAS, we will administer treatment, which will be invoiced with today's services.

IS YOUR CAT EXPERIENCING: (CHECK EACH ONE)

Coughing:	Yes ☐	No ☐	Unknown ☐
Sneezing:	Yes ☐	No ☐	Unknown ☐
Vomiting:	Yes ☐	No ☐	Unknown ☐
Diarrhea:	Yes ☐	No ☐	Unknown ☐
Trouble jumping:	Yes ☐	No ☐	Unknown ☐
Itch/Scratch:	Yes ☐	No ☐	Unknown ☐
Pain/Wound:	Yes ☐	No ☐	Unknown ☐

____

VACCINATIONS: *In order to protect your cat current FVRCP and Rabies vaccines are required in order to stay in the hospital.* Vaccine administration may not be advisable in conjunction with some illnesses or treatments. In such circumstances, the vaccines will be discussed with you and administered at the doctor's discretion.

RV_____________ **FVRCP**_____________

FeLV___________

HAS YOUR CAT EXPERIENCED ANY CHANGES IN: (CHECK EACH ONE) (DESCRIPTION, IF NEEDED)

Appetite:	Yes ☐	No ☐	Unknown ☐	______________________
Drinking:	Yes ☐	No ☐	Unknown ☐	______________________
Activity:	Yes ☐	No ☐	Unknown ☐	______________________
Litterbox Behavior:	Yes ☐	No ☐	Unknown ☐	______________________
Urination:	Yes ☐	No ☐	Unknown ☐	______________________
Defecation:	Yes ☐	No ☐	Unknown ☐	______________________

Add'l Notes or Explanations to the doctor:

My cat last ate at (time?):________________________________

My cat eats (Food name):________________________________(canned / dry / both)

Current Medication(s) (frequency & dose): **Have you been able to give medications/treatment?**

Yes ☐ No ☐ Somewhat ☐ Not on meds ☐

Please be available so that we can determine how to proceed with your cat's care.

We will make all reasonable efforts to reach you prior to initiating diagnostics or treatment. If we are unable to reach you by phone in a timely manner, we will perform diagnostics and/or treatment at the doctor's discretion.

_______________________________ _______________________________

Signature Phone, email, or fax ☐ Preferred contact

_______________________________ _______________________________

Printed Name ☐ Preferred contact

I hereby certify that I am the owner of, or am responsible for the above-named cat(s) and I have the authority to execute consent for today's care.

Payment in full is due when you pick up your cat unless prior arrangements have been made.

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