



City Cat Doctor

FELINE PATIENT HISTORY FORM

Date _____

CLIENT INFORMATION

Owner Name _____

Owner Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Will anyone else be bringing your cat in for care? **Yes/No** If yes, who? _____

If you were referred by a client, please tell us who so we may thank them! _____

PATIENT INFORMATION

Patient Name _____

Breed _____ Gender _____ Color _____

Date Of Birth/Approximate Age _____ Is your cat spayed/neutered? **Yes/No/Unsure**

Has your cat been to another veterinarian? **Yes/No** If so, where? _____

DIET AND ENVIRONMENT

What food does your cat currently eat? _____ Amount & Frequency? _____

Is your cat on any dietary supplements? **Yes/No** If so, what kind and what dosage? _____

Does your cat consume table food? **Yes/No** If yes, please explain. _____

Does your cat ever go outside? **Yes/No** If yes, please explain. _____

Are there any other animals in the household? **Yes/No** If yes, please explain. _____

Do you have your cat groomed or boarded outside of your home? **Yes/No** If so, how often? _____

Do you travel outside of Chicago with your pet? **Yes/No** If so, where? _____

REVIEW OF SIGNS

Has your cat exhibited any attitude or behavior change? **Yes/No** Please explain. _____

Has your cat ever had seizures? **Yes/No** Please explain. _____

Any recent appetite changes? **Yes/No** Please explain. _____

Has your cat had changes in urination? **Yes/No** Please explain. _____

Any recent weight changes? **Yes/No** Please explain. _____

Has your cat been vomiting? **Yes/No** Please explain. _____

Has your cat had any diarrhea? **Yes/No** Please explain. _____

Has your cat been coughing? **Yes/No** Please explain. _____

Has your cat been sneezing? **Yes/No** Please explain. _____

Has your cat exhibited any signs of lameness? **Yes/No** Please explain. _____

Does your cat have difficulty rising after lying down? **Yes/No** Please explain. _____

Has your cat been itching? **Yes/No** Please explain. _____

Has your cat had any recent hair loss? **Yes/No** Please explain. _____

Does your cat have any growths on body? **Yes/No** Please explain. _____

Does your cat have any discharge from nose, eyes, etc.? **Yes/No** Please explain. _____

PAST HISTORY

Has your cat had any prior illnesses, accidents, or surgeries? **Yes/No** Please explain. _____

Is your cat aggressive or fearful around strangers? **Yes/No** Please explain. _____

Is your cat on heartworm, flea/tick preventatives, or any other medication? **Yes/No** Please explain. _____

Does your cat have any known allergies to any medications? **Yes/No** If yes, please list: _____

Has your cat ever had a reaction to any vaccines? **Yes/No** If yes, please list and explain below: _____

OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, City Cat Doctor operates by appointment only. We accept Walk-Ins and Emergencies, however there may be a wait, and these services may be subject to a higher exam fee. Please call ahead if possible and inform us if you are coming in on short notice, and we will do all we can to accommodate you and minimize your wait time. As such, we request all our clients be on time for scheduled appointments and procedures.

For your convenience, we can accept drop offs for exams, surgeries, etc. To ensure that we have the space to accommodate your pet, we request you make arrangements for this in advance. This service is available only to cats who have already established care as a patient of City Cat Doctor.

For your protection, and that of others, cats must be properly secured in a carrier upon arrival.

If you must cancel an appointment, we ask you notify us as soon as possible.

We accept cash, debit/credit cards, and checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients. We also work with all types of pet insurance, but encourage owners to research their individual fee schedule for best possible coverage.

City Cat Doctor would be more than happy to fill your prescriptions or have your food orders ready for pick-up when you need them. Please call ahead with enough notice (preferably 24 hours) and we will have your order ready when you arrive. **If your cat has not been seen in over twelve months by a doctor, your medication and food will not be refilled until an appointment is made.**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described cat. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is **ALWAYS DUE IN FULL** at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

We love social media! Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your personal information will never be shared. **Yes/No**

Owners Signature _____ Date _____