

## Island Cats Patient History Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

**\*Please fill out form COMPLETELY so the doctor can make accurate recommendations in lieu of your absence\***

FVRCP\* \_\_\_\_\_ RABIES\* \_\_\_\_\_ Feline Leukemia \_\_\_\_\_ FIV \_\_\_\_\_

**I authorize administration of my cat's overdue vaccines: \_\_\_\_\_ (initials)**

**If your cat has evidence of FLEAS, we will administer a flea treatment, which will be invoiced with today's services.**

**My cat is (check one):**

**Indoor  Outdoor  Both**

**Check each of the following symptoms:**

Coughing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sneezing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Vomiting:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Diarrhea:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Itching/Scratching:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Irritation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

**If yes, explain when it started, frequency, and any relevant details on the backside of this form. . . . => => =>**

**Have there been changes in any of the following:**

Appetite:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Water Consumption:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Activity Level:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Urination:	Yes (More <input type="checkbox"/> Less <input type="checkbox"/> Different <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Defecation:	Yes (More <input type="checkbox"/> Less <input type="checkbox"/> Different <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Litterbox Behavior:	Yes (Inappropriate) <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

**If yes, explain when it started, frequency, increases or decreases on the backside of this form. . . . . => => =>**

My cat eats: Brand name: \_\_\_\_\_ (canned / dry / both)

My cat last ate at (time?): \_\_\_\_\_

Have you been able to give prescribed medications/treatments? Yes  No  Somewhat

Current Medication(s) (include frequency & dose):

**WE WILL BE CALLING YOU. PLEASE BE AVAILABLE BY PHONE 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 begin diagnostics and/or treatment at the doctor's discretion.**

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

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.*