

Clinical History

Date:	Cat's name:	Owner:	Clinician:
Background			
Age:	Sex:	Breed:	Time with owner:
Acquired from:	<input type="checkbox"/> Breeder	<input type="checkbox"/> Rescue centre	<input type="checkbox"/> Friend <input type="checkbox"/> Other:
Other cats:	<input type="checkbox"/> No <input type="checkbox"/> Yes ... How many?:	Any problems?:	
Habitat			
Environment:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Indoor/Outdoor	<input type="checkbox"/> Outdoor only <input type="checkbox"/> Restricted outdoors <input type="checkbox"/> In at night
Litter tray?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type of litter?	
Contact with other cats?:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	
Cat fights?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	
Hunting?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	
Access to poisons:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	
Nutrition			
Diet type:	<input type="checkbox"/> Dry food	<input type="checkbox"/> Wet food	<input type="checkbox"/> Both <input type="checkbox"/> Other:
Type/brand usually fed:			
Time last fed:			
Routine Preventive Healthcare			
Vaccination:	<input type="checkbox"/> FPV	<input type="checkbox"/> FCV/FHV	<input type="checkbox"/> FeLV <input type="checkbox"/> Rabies <input type="checkbox"/> Chlamydia <input type="checkbox"/> Other:
Last vaccine given:	<input type="checkbox"/> <12m	<input type="checkbox"/> <36m	<input type="checkbox"/> >36m <input type="checkbox"/> Never <input type="checkbox"/> Unknown
Flea/tick treatment (what and when):			
Worming (what and when):			
Heartworm (what and when):			
Retrovirus status:	<input type="checkbox"/> Unknown	<input type="checkbox"/> FeLV+	<input type="checkbox"/> FeLV- <input type="checkbox"/> FIV+ <input type="checkbox"/> FIV- When tested:
Previous problems			
Current problems			



from



in partnership with

