



COMPREHENSIVE MEDICAL HISTORY

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Owner Name: _____	Cat Name: _____	Date: _____
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Cats are experts at hiding illness. It is not uncommon for a cat to have an advanced health problems, yet not show any sign until the condition is quite advanced. Since most diseases can be managed more successfully when detected and treated early in their course, it is important for cat owners, especially senior cats, to carefully monitor their behaviour and health.

This history questionnaire is quite extensive and it may be a little too comprehensive for some. Many medical conditions at the early stage can be managed by providing prescription diets only.

We believe your pet is a unique, special individual. We try not to rush you through your visit. To allow us to better serve your cat's needs and individualize the care he or she requires, please help us answer the following questions.

Reason for the visit today: Annual check up _____ Illness _____

MEDICAL HISTORY

Main complaint - please describe _____

Has your cat been examined elsewhere for the same reason? Yes ___ No ___ Not relevant ___

If yes, where and what was the working diagnosis _____

Laboratory tests: _____

Is your pet taking any medication? _____

Is your pet taking any supplements? _____

Any allergies? No ___ Y _____

VACCINATION HISTORY

My cat's next vaccination is due: _____

I do not vaccinate my cat ___

Any vaccine adverse reactions: _____

Possible adverse reaction to medication: _____

ACQUISITION HISTORY

breeder ___ shelter ___ pet store ___ online ___ stray ___ other ___

CAT'S ENVIRONMENT

- Housing: house ___ condo/apartment ___ farm ___ acreage ___
- Access to outdoors: 100% indoors ___ outdoors/indoors ___ outdoor only ___
- How many more cats are in your household? _____
- Do you own a dog? No Yes _____
- I do travel with my cat: No ___ Yes, where? _____
- I take my cat to cat shows: Y ___ No ___
- Other important info: _____

NUTRITIONAL INFORMATION

I feed my cat: Dry food: Y ___ N ___ brand _____
 how much per 24 hours _____
 Wet: Y ___ N ___ brand _____
 how much per 24 hours _____
 Raw food: N ___ Y _____
 People food N ___ Y _____
 Treats N ___ Y _____
 Supplements N ___ Y _____
 Hunting prey N ___ Y _____
 My feeding routine is: set meals 2x ___ 3x ___ 4x ___ a day unlimited access to food _____

GASTROINTESTINAL SYSTEM

APETTITE: normal ___ increased ___ decreased ___ not eating at all (anorexic) ___
 WEIGHT: my cat is of normal weight ___ overweight ___ underweight ___
 MY CAT HAS: gained weigh ___ lost weight ___ no change ___

WATER CONSUMPTION: my cat drinks normal amount of water (<1/2 cup per day) ___
 excessively (> 1 cup of water) ___

VOMITING:

Frequency: _____
 Timing: right after eating _____ anytime _____
 Color: yellow ___ colorless, foamy ___ red ___
 Blood/mucus: Y ___ No ___

GAGGING/NAUSEA: none ___ occasionally ___ frequent ___

MY CAT'S STOOLS

- Frequency: regular ___ daily ___ infrequent ___
- Colour: brown ___ black ___ green ___ red ___ tan ___
- Consistency: formed ___ loose ___ liquidly ___
- Straining to defecate: N ___ Yes, _____
- Defecating in litter-box: always ___ occasionally outside of litter-box _____
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URINARY SYSTEM

MY CAT'S URINE

- Frequency is: normal ___ up ___ down ___
- Colour: yellow ___ pale ___ red ___
- Odor: typical normal ___ sweet ___ ammonia like ___
- Litter-box always: urinates in box ___ occasionally outside _____
- No difficulties to urinate ___ straining when urinating _____

RESPIRATORY SYSTEM

COUGHING

- Frequency: never ___ daily ___ occasionally ___
- When: _____
- Sounds: dry ___ moist ___

WHEEZING: N ___ Y _____

SNEEZING: N ___ Y ___ Frequency _____

NASAL DISCHARGE: N ___ Y ___

- Frequency: _____
- Colour: _____
- Consistency: _____

DERMATOLOGY

SKIN AND COAT

- Quality: shiny ___ Dry ___ Dull ___ Dandruff ___
- Shedding: normal ___ excessive _____ seasonal _____
- Lumps and bumps: N ___ Y _____

VISION and HEARING

EYES Vision is: normal ___ having difficulties to see food ___ missing jumps ___

- Discharge N ___ Y ___ if yes colour _____
- Frequency _____
- Which eye _____
- Squinting _____
- Change of colour of the iris N ___ Y _____

HEARING: is normal Y ___ N ___ _____

Discharge from ears N ___ Y ___ _____

Skin of ear lobes is normal Y ___ N ___ _____

Scratching N ___ Y ___ _____

DENTAL HEALTH EVALUATION

My cats teeth are in good condition Y ___ N ___ _____

Has bad breath N ___ Y ___ _____

My cat paws at his/hers mouth N ___ Y ___

ATTITUDE EVALUATION

Activity level: Normal ___ Lethargic ___ Depressed ___ Reasonable for an old cat _____

MUSCULOSKELETAL SYSTEM - GAIT AND MOBILITY

WALK: normal ___ stiff on walking ___

LAMENESS: N ___ Y ___ Which leg _____

DIFFICULTY RISING Y ___ N ___

RELUCTANCE TO JUMP N ___ Y ___ _____

ANY WEAKNESS? N ___ Y ___ _____

NEUROLOGICAL SYSTEM

HAS YOUR CAT EVER HAD A SEIZURE? Y ___ N ___ if yes describe _____

ANY CHANGE IN BEHAVIOR Y ___ N ___

POSSIBLE TOXIN EXPOSURE No ___ Yes to chemicals ___ plants ___ garbage ___

GENERAL

SCOOTING OF REAR? Y ___ N ___

Have you been de-worming your cat on regular basis? Yes, every _____ month No ___

Head shaking? Y ___ N ___

HAS YOUR CAT HAD ANY ILLNESS/INJURY IN THE LAST YEAR Y ___ N ___

if yes describe _____

HAS YOUR CAT EVER BEEN TESTED POSITIVE FOR

- Feline Leukemia Y ___ N ___ if yes when _____
- Feline Aids Y ___ N ___ if yes when _____
- Feline Infectious Peritonitis Y ___ N ___ if yes when _____

Thank you for your time. Your patience will be rewarded by knowing you have done everything for the health of your pet.

CatVetathome
DR. Stephan Porostocky