



# Comprehensive Patient Medical History Form

	Yes	No
Is your address and phone number still correct?		
Do you have pet health insurance?		
Are your cat's vaccinations up to date?		
Is your cat spayed or neutered?		
Does your cat ever go outside?		
Is your cat taking heartworm prevention Rx?		
Has your cat been tested for worms in the last year?		
Have you seen your cat passing any worms?		
Has your cat had any illness/injury in the last year?		
Has your cat ever had a seizure?		
Does your cat get table scraps?		
Did your cat eat in the last four hours?		
Does your cat ever strain to urinate?		
Has there been any recent vomiting?		
Has your cat been coughing?		
Has your cat been sneezing?		
Has your cat been gagging?		
Any listlessness?		
Any weakness?		
Any lameness? Circle leg RF LF RR LR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scotting of rear?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea?		
Constipation?		
Stiffness?		
Behavioral changes?		
	<b>Increased?</b>	<b>Decreased?</b>
Drinking?		
Appetite?		
Urination?		
Defecation?		
Weight?		

## Reason for visit today

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**Has your cat been examined elsewhere for the same condition? Yes No**

**If so, where?** \_\_\_\_\_

**What medications is your cat now taking?**

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**Is your cat allergic to any foods or Rx? Y N**

**If yes, please describe** \_\_\_\_\_

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**What flea control is used?**

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**Anything else we need to know?**

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I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the cat presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care unless other prior arrangements have been agreed upon by both parties.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_