



Feline Health History Form

Date: _____ Pet Owner's Name: _____

Cat's Name: _____ Age: _____

Type: _____

If she or he is a rescue cat, where did you obtain him or her?

Vet's Diagnosis: _____

List of medications & supplements:

Has your cat had any surgeries, x-rays, and/or blood tests? If so, please describe findings:

If your veterinarian has identified any symptoms, please describe them here:

What are your cat's symptoms from your point of view?

When did they start? _____ What makes your cat feel better / worse?

Please give a description of your cat's diet (include brand of food, table scraps, treats):
